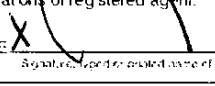
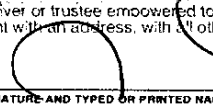


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90018 023 ***150.00

DOCUMENT # P03000054520 1. Entity Name GULF SOUND APARTMENTS, INC.					
Principal Place of Business 2814 GULF DR, APT C HOLMES BEACH, FL 34217			Mailing Address 2814 GULF DR, APT C HOLMES BEACH, FL 34217		
2. Principal Place of Business 5916 MARINA DR.		3. Mailing Address P.O. BOX 449			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Holmes Beach, FL.		City & State ANNA MARIA, FL.		4. FEI Number 20-0037244	
Zip 34217		Country MANATEE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 34216		Country MANATEE		6. Name and Address of Current Registered Agent UNGVARSKY, JOSEPH P 2814 GULF DR, APT C HOLMES BEACH, FL 34217	
7. Name and Address of New Registered Agent Name Joseph P. Ungvarsky Street Address (P.O. Box Number is Not Acceptable) 5916 MARINA DR. City Holmes Beach FL Zip Code 34217		8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 					
Signature of person or authorized agent of registered agent and title (Last name, first name, middle initial, if applicable) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete UNGVARSKY, JOSEPH P P O BOX 449 HOLMES BEACH, FL 34216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition P.O. Box 449 ANNA MARIA, FL. 34216		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete UNGVARSKY, GARY 268 E MILL ST HORSEHEADS, NY 14845	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date: _____					