2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachr

SIGNATURE:

May 03, 2004 8:00 am Secretary of State DOCUMENT # P03000093225 05-03-2004 91004 042 ***150.00 THE GULF BEACHES REALTY CORP. Principal Place of Business Mailing Address 12110 SEMINOLE BLVD. 12110 SEMINOLE BLVD. LARGO, FL 33778 LARGO, FL 33778 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 Chg-P CR2E034 (10/03) Applied For City & State · City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAMONTE, JONATHAN JAMES Street Address (P.O. Box Number is Not Acceptable) 12110 SEMINOLE BLVD. LARGO, FL 33778 City Zip Code 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, typeg or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete Change ☐ Addition TITLE STARUCH, DAVID MAME NAME STREET ADDRESS 12110 SEMINOLE BLVD. STREET ADDRESS CITY-ST-ZIP LARGO, FL 33778 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE _ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition □ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP THUE ☐ Delète TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP iling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 12. I hereby certify that the information supindicated on this report or supple of the corporation or the receiver and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director I to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED