


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90011 045 \*\*\*550.00

<b>DOCUMENT # P03000094194</b>	
1. Entity Name GULFSHORE HOMES HOLDINGS, INC.	

Principal Place of Business 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103	Mailing Address 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103
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**54062856**



2. Principal Place of Business <b>8891 Brighton Lane</b>	3. Mailing Address <b>8891 Brighton Lane</b>
Suite, Apt. #, etc. <b>Suite 101</b>	Suite, Apt. #, etc. <b>Suite 101</b>
City & State <b>Bonita Springs, Florida</b>	City & State <b>Bonita Springs, Florida</b>
Zip <b>34135</b>	Country <b>USA</b>

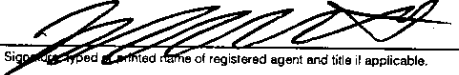
07122004 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0193802</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SALVATORI, LEO J 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103	
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7. Name and Address of New Registered Agent	
Name <b>Jeff M. Novatt, Esq.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>821 Fifth Avenue South, Suite 201</b>	
City <b>Naples</b>	Zip Code <b>FL 34102</b>

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  **Jeff M. Novatt, Esq.** **07/12/04**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>P Watt, Steven M. 8891 Brighton Lane Bonita Springs, Florida 34135</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>VP/S/T Charlse, Steven M. 8891 Brighton Lane Bonita Springs, Florida 34135</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not appear on the list of officers, directors, or on an attachment with an address, with all other like empowered.