


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000094316 1. Entity Name GULF X MARINA INC.	
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Principal Place of Business 18901 SAN CARLOS BLVD FT MYERS BEACH, FL 33931	Mailing Address 18901 SAN CARLOS BLVD FT MYERS BEACH, FL 33931
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DO NOT WRITE IN THIS SPACE



05082005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2421501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLAUSEN, DEAN
18901 SAN CARLOS BLVD
FT MYERS BEACH, FL 33931**

**DO NOT WRITE
IN THIS SPACE**

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: Dean Clausen President DATE: 5/1/05
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking))

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAUSEN, DEAN 18901 SAN CARLOS BLVD FT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLAUSEN, MELINDA 18901 SAN CARLOS BLVD FT MYERS BEACH, FL 33931
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05/09/05-80021-009 150.00

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IN THIS SPACE**

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: Dean Clausen President DATE: 5/1/05 DAYTIME PHONE: 239-454-8008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR