

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 A
Secretary of State

DOCUMENT # P03000119981

1. Entity Name
GULFLANTIC ENTERPRISES, INC.



Principal Place of Business

**1114 14TH AVE NW
LARGO, FL 33770**

Mailing Address

**1114 14TH AVE NW
LARGO, FL 33770**



02042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2415250

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SULLIVAN, TIMOTHY S
1114 14TH AVE NW
LARGO, FL 33770**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000626436
02/15/07-80020-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE PT
NAME SULLIVAN, TIMOTHY
STREET ADDRESS 1114 14TH AVE NW
CITY-ST-ZIP LARGO, FL 33770

TITLE V
NAME SMITH, HOWARD E
STREET ADDRESS 517 6TH AVE SW
CITY-ST-ZIP LARGO, FL 33770

TITLE S
NAME SULLIVAN, LAURA
STREET ADDRESS 1114 14TH AVE NW
CITY-ST-ZIP LARGO, FL 33770

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Daytime Phone #

2/4/07 (727) 946-7474