

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90054 039 ***150.00

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1. Entity Name

GULF LANDS DIVERSIFIED SERVICES, INC.



Principal Place of Business

**493 20TH AVENUE
INDIAN ROCKS BEACH, FL 33785**

Mailing Address

**P.O. BOX 21
LARGO, FL 33779**

DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number

56-2419295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LECHNER, BERNARD J
2115 RANGE ROAD
CLEARWATER, FL 33765**

**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, 2005 Fee will be \$550.00**

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
**PSD
RODRIGUEZ, VICTOR F
493 20TH AVE.
INDIAN ROCKS BEACH, FL 33785**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
RODRIGUEZ, STEVEN D
PO BOX #21
LARGO, FL 33779**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Victor F. Rodriguez

Victor F. Rodriguez

Feb. 3, 2005

727-584-7000

signature and typed name of signing officer or director

date

daytime phone #