

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000153757 1. Entity Name GULFCON FLORIDA, INC.					
Principal Place of Business 2345 WEST HILLSBORO BLVD. SUITE 102 DEERFIELD BEACH FL 33442 US			Mailing Address 2345 WEST HILLSBORO BLVD. SUITE 102 DEERFIELD BEACH FL 33442 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-1051638	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DALE, CHARLES S 414 NE 4 STREET FORT LAUDERDALE FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, State, 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 _____ (NOTE: Registered Agent signature required when reconstituting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES GRUBER, GLENN 6383 VIA ROSA BOCA RATON FL 33433	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEC GRUBER, GLENN 6383 VIA ROSA BOCA RATON FL 33433	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TRES GRUBER, GLENN 6383 VIA ROSA BOCA RATON FL 33433	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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			U00000493905 04/20/06-80025-007 150.00		
SIGNATURE: _____					
Date April 3, 2006 (954) 426-5444					