

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90155 024 ***150.00

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DOCUMENT # P04000007024 1. Entity Name GULFSTREAM DIGITAL SOLUTIONS INC					
Principal Place of Business 4112 MELROSE CT MELBOURNE, FL 32940-1472 US			Mailing Address 4112 MELROSE CT MELBOURNE, FL 32940-1472 US		
2. Principal Place of Business 2825 BUSINESS CENTER BLVD # B3		3. Mailing Address 2825 BUSINESS CENTER BLVD # B3		4. FEI Number 20-0575725	
Suite, Apt. #, etc. # B3		Suite, Apt. #, etc. # B3		Applied For <input type="checkbox"/> Not Applicable	
City & State MELBOURNE, FL		City & State MELBOURNE, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32940-7133		Zip 32940-7133		Country US	
6. Name and Address of Current Registered Agent MCDANIEL, CHRISTOPHER W 4112 MELROSE CT MELBOURNE, FL 32940-1472			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2825 BUSINESS CENTER BLVD # B3 City MELBOURNE FL Zip Code 32940		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			CHRISTOPHER MCDANIEL <small>(NOTE: Registered Agent signature required when reinstating)</small>		
DATE JAN 14 2005 <small>DATE</small>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDANIEL, CHRISTOPHER W 4112 MELROSE CT MELBOURNE, FL 329401472	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SUTTON, KENYON A 2038 BLUE HERON DR MELBOURNE, FL 329406776	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			KENYON SUTTON, DIRECTOR JAN 14 2005 321-639-4684 <small>Date Daytime Phone #</small>		