

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90014 029 ***150.00

DOCUMENT # P04000026427

1. Entity Name
GULF SOUTH PROPERTIES, INC.



Principal Place of Business
**322 MIRAMAR BEACH DR
SUITE 9187
MIRAMAR BEACH, FL 32550 US**

Mailing Address
**322 MIRAMAR BEACH DR
SUITE 9187
MIRAMAR BEACH, FL 32550 US**

60045080



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 9187

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072008

Chg-P

CR2E034 (12/06)

City & State

City & State

Miramar Beach, FL

4. FEI Number

86-1092123

Applied For

Not Applicable

Zip

Country

Zip

32550

Country

Walton

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDOWELL, RONALD M
4421 COMMONS DRIVE EAST
SUITE 231
DESTIN, FL 32541**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCDOWELL, RONALD M ☐ Delete
STREET ADDRESS 322 MIRAMAR BEACH DR ST 9187
CITY-ST-ZIP MIRAMAR BEACH, FL 32550

TITLE VP
NAME MCDOWELL, CARLA K ☐ Delete
STREET ADDRESS 322 MIRAMAR BEACH DR ST 9187
CITY-ST-ZIP MIRAMAR BEACH, FL 32550

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

7/7/08
Date

850.699.8585
Daytime Phone #