2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# P04000069347

Entity Name: GULF SEAS CONSTRUCTION, INC.

Current Principal Place of Business:

6410 S. SUNCOAST BLVD
HOMOSASSA, FL 34446

New Principal Place of Business:

3542 S SUNCOAST BLVD
HOMOSASSA, FL 34448

Current Mailing Address:

PO BOX 1491
HOMOSASSA SPRINGS, FL 34447

New Mailing Address:

FEI Number: 20-1057317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROPES, KAREN
6587 OST WEST ST
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ROPES, KAREN	
Address:	6587 OST WEST ST	
City-St-Zip:	HOMOSASSA, FL 34446	
Title:	VT	( ) Delete
Name:	PHILLIPS, MARYBETH	
Address:	6674 OST WEST ST	
City-St-Zip:	HOMOSASSA, FL 34446	
Title:	D	( ) Delete
Name:	MATTHEWSON, CAL	
Address:	6587 OST WEST ST	
City-St-Zip:	HOMOSASSA, FL 34446	
Title:	D	(X) Delete
Name:	PHILLIPS, MATTHEW	
Address:	6674 OST WEST ST	
City-St-Zip:	HOMOSASSA, FL 34446	
Title:	D	(X) Delete
Name:	MATTHEWSON, DEWAYNE	
Address:	4990 S SUNCOAST	
City-St-Zip:	HOMOSASSA, FL 34446	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN ROPES P 05/02/2008

Electronic Signature of Signing Officer or Director — Date