


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90096 028 \*\*\*150.00

<b>DOCUMENT # P04000080343</b>		
1. Entity Name <b>GULF SANDS, INC.</b>		

Principal Place of Business <b>1200 GULF BLVD. #306 CLEARWATER FL 33767</b>	Mailing Address <b>1200 GULF BLVD. #306 CLEARWATER FL 33767</b>
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2. Principal Place of Business <b>THE UPS STORE 1112</b>	3. Mailing Address
Suite, Apt. #, etc. <b>36181 EAST LAKE RD.</b>	Suite, Apt. #, etc.
City & State <b>PALM HARBOR, FL</b>	City & State
Zip <b>34685</b>	Country <b>PINELLAS</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>55-0871867</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>WETENHALL, GARDNER 1200 GULF BLVD. #306 CLEARWATER FL 33767</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WETENHALL, GARDNER 1200 GULF BLVD. #306 CLEARWATER FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Gardner Wetenhall **GARDNER WETENHALL 727-785-6633**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR