2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2008 8:00 am Secretary of State

ANNOAL ILLI OILI						Secretary of State				
DOCUMENT # P0400086041 1. Entity Name GULFTIDE CORP.							08 90008 0			
		Mailing Address	-			, 400 -				
1990 MAIN S Suite 801 Sarasota, F		1990 MAIN STREET Suite 801 Sarasota, FL 34236			1 1 1 1 1 1 1 1 1 1	THE STREET HE RESULT TO BE AND RESULT OF THE				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282008	Chg-P	CR2E03	4 (12/06)			
City & State		City & State			I	4. FEI Number Applied For 33-1093287 Not Applicate			·	
Zip	- Country	Zip	Count	ľy	5. Certificate	of Status Desired		8.75 Add ee Require		
	6. Name and Address of Curren	t Registered Agent	tegistered Agent		7. Name and	Address of New	Registered Ag	jent	-	
8. The above the obligati	named entity submits this statement ions of registered agent.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				th, in the State of I		Zip Cod miliar with,		
	Signature, typed or printed name of registered age	nt and stie if applicable. (NO	TE: Registered	d Agent signature re	quired when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550				\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECTORS				ADDITIONS.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME STREET ADDRESS	D Delete RODGERS, KEITH 370 GULF OF MEXICO DR UNIT 433			ET ADDRESS				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	LONGBOAT KEY, FL 34228	☐ De lete	TITLE NAME STREE	ET ADDRESS				Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	1				Change	☐ Addition	

12. Thereby 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 othersitive empowered.

HILE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CHY-ST-ZIP

CHY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

THLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIP

CITY - ST - ZIP

CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SURPING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Delete

Felrun 23-3003

Daytung Phrops #

☐ Change

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