

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90060 035 ***150.00

DOCUMENT # P04000137388	
1. Entity Name GYPSEAS, INC.	



Principal Place of Business 4370 CARAWAY PLACE SANFORD, FL 32771 US	Mailing Address P.O. BOX 470838 LAKE MONROE, FL 32747 US
---	--

00000016



2. Principal Place of Business 21 Yacht Club DR. Suite, Apt. #, etc. 302 City & State North Palm Beach, FL Zip 33408 Country USA	3. Mailing Address 21 Yacht Club DR. Suite, Apt. #, etc. 302 City & State North Palm Beach, FL Zip 33408 Country USA
---	---

07072005 Chg-P CR2E034 (10/03)

4. FEI Number 20-2097028	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRUECKMAN, MARY BETH 4370 CARAWAY PLACE SANFORD, FL 32771	7. Name and Address of New Registered Agent Name MARY BETH BRUECKMAN Street Address (P.O. Box Number is Not Acceptable) 21 Yacht Club DR. #302 City North Palm Beach FL Zip Code 33408
--	--

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: Mary Beth Brueckman 7-31-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P BRUECKMAN, MARY BETH 4370 CARAWAY PLACE SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRUECKMAN, MARY BETH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21 Yacht Club DR #302 North Palm Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,S BRUECKMAN, MARY BETH 4370 CARAWAY PLACE SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BRUECKMAN, MARY BETH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21 Yacht Club DR. #302 North Palm Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBOZZO, RICHARD 4370 CARAWAY PLACE SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBOZZO, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21 Yacht Club DR. #302 North Palm Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C,VP LOBOZZO, RICHARD 4370 CARAWAY PLACE SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV LOBOZZO, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21 Yacht Club DR. #302 North Palm Beach, FL 33408
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: Mary Beth Brueckman 7-31-05 407-435-0107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
#04000137388 7-31-05
50059576

Florida Dept. of State
Attn: Sean Toner
Letter Nbr: 605A00047228

Dear Mr. Toner:

We received our check for \$150.00
returned due to lack of a 2005
Annual Report Form. However, we
never received a form to complete.
Also, the business/mailing address
has been changed.

Enclosed is a check for \$150.00 along
with a complete 2005 Annual Report.
Please waive the \$400 late fee due
to our not receiving the form.

Thank you,

Marybeth Bueckman
Randy Lopez