

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147783

Entity Name: GULFSHORE ENGINEERING, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

2375 TAMIAMI TRAIL N.
207
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

2375 TAMIAMI TRAIL N.
207
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 20-1802310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAGEON DE LESTANG, JOCELYN R
421 WIDGEON POINT
NAPLES, FL 34105 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NAGEON DE LESTANG, JOCELYN R
Address: 421 WIDGEON POINT
City-St-Zip: NAPLES,, FL 34105 US

Title: S () Delete
Name: NAGEON DE LESTANG, BONNIE-JEAN M
Address: 421 WIDGEON PT.
City-St-Zip: NAPLES, FL 34105 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BONNIE-JEAN NAGEON DE LESTANG

S

04/20/2009

Electronic Signature of Signing Officer or Director

Date