

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90069 022 ***150.00

DOCUMENT # P05000109828 1. Entity Name GULFSTREAM MARINE GROUP, INC.					
Principal Place of Business 1322 E. INTERNATIONAL SPEEDWAY BLVD. BLDG. B STE. 7 DELAND, FL 32724			Mailing Address 1322 E. INTERNATIONAL SPEEDWAY BLVD. BLDG. B STE. 7 DELAND, FL 32724		
2. Principal Place of Business - No P.O. Box # 105 Inlet Harbor Rd		3. Mailing Address PO Box 1450			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ponce Inlet, FL		City & State DeLand, FL		4. FEI Number 56-2526887	
Zip 32127		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32721		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROBERSON, ROBERT C 1322 E. INTERNATIONAL SPEEDWAY BLVD. BLDG. B STE 7 DELAND, FL 32724				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P ROBERSON, ROBERT C <input type="checkbox"/> Delete 1322 E. INTERNATIONAL SPEEDWAY BLVD. DELAND, FL 32724		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 Inlet Harbor Rd Ponce Inlet, FL 32127	
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	
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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 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 other like empowered.					
SIGNATURE: <i>Robert C. Roberson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-25-08 386-788-7866 <small>Date Daytime Phone #</small>		