


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

05-04-2007 90102 041 ***150.00

DOCUMENT # P05000144810 1. Entity Name GULFSIDE INSULATION SERVICE INC.					
Principal Place of Business 5100 OYSTER COVE NEW PORT RICHEY, FL 34652 US			Mailing Address 5100 OYSTER COVE NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3685619	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NASRALLAH, MARYJANE 5100 OYSTER COVE NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAFFEO, MARIO J 5100 OYSTER COVE NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NASRALLAH, MARYJANE 5100 OYSTER COVE NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NASRALLAH, MARYJANE 5100 OYSTER COVE NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAINES, RICKY 315 INDIAN AVE CRYSTAL BEACH, FL 34681	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STEPHEN D SCHWANTES 12600 LACEY DR NEW PORT RICHEY FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STEPHEN D SCHWANTES 12600 LACEY DR NEW PORT RICHEY FL 34652	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STEPHEN D SCHWANTES 12600 LACEY DR NEW PORT RICHEY FL 34652	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STEPHEN D SCHWANTES 12600 LACEY DR NEW PORT RICHEY FL 34652	<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>Mario J Maffeo</i>		<i>MARIO J MAFFEO</i>		7-5-07	727.859-0049
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

6602 0177

To whom it may concern;

#P05000144810

I received a notice of intent to dissolve on July, 2 2007, I had than called and talked to Debra Sterling who had informed me that the 2007 annual report had been rejected, I was unaware of this, I had not received any notices other than the intent to dissolve. Debra Sterling than sent me back the paperwork for me to sign and return, I received it on July 5 2007.

Thank you,
Maryjane Nasrallah
Vice President

Gulfside Insulation
5100 Oyster Cove
New Port Richey, Fl 34652
877-272-0049 Toll Free