


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90044 028 ***150.00

DOCUMENT # P06000131740 1. Entity Name GULF SHORE AVIATION, INC.			
Principal Place of Business 14578 RIVER BEACH DRIVE SUITE 205 PORT CHARLOTTE, FL 33953		Mailing Address 14578 RIVER BEACH DRIVE SUITE 205 PORT CHARLOTTE, FL 33953	
2. Principal Place of Business - No P.O. Box # 4410 WARREN AVE Suite, Apt. #, etc. #205		3. Mailing Address 4410 WARREN AVE Suite, Apt. #, etc. #205	
City & State PORT CHARLOTTE FL Zip 33953		City & State PORT CHARLOTTE FL Zip 33953	
Country CHARLOTTE		Country CHARLOTTE	
4. FEI Number 22-3944475		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 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	PSTD GRANT, PETER C 14578 RIVER BEACH DRIVE SUITE 205 PORT CHARLOTTE, FL 33953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GRANT, PETER C 4410 WARREN AVE, #205 PORT CHARLOTTE FL. 33953
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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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: <u><i>Peter C. Grant</i></u> (Pres)		Date: <u>4/18/08</u> Daytime Phone #: <u>941-661-7286</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			