## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

6. Name and Address of Current Registered Agent

**DOCUMENT # P92000005421** 

1. Entity Name GULFAB, INC.

Principal Place of Business

11009 SPRING HILL DRIVE

SPRING HILL, FL 34608

2. Principal Place of Business

Suite, Apt. #, etc.

LANDRY, KEVIN D

8. The above name

SIGNATURE

11009 SPRING HILL DR

SPRING HILL, FL 34608

City & State

34606

1260 LORI DRIVE

SPRING HILL FL

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4 FOR PROFIT CORPORATION ANNUAL REPORT				Mar 31, 2004 8:00 a Secretary of State				
NT # P9200000542	21				4 90028 036			
isiness N L DRIVE 4608 US S	VE US			940401	65			
Business   3. Mailing Address   1 260 LORI DI		RIVE	02172004	Chg-P	CR2E034 (1	D (JEG) (JEIDA)		
ILL FL S	City & State PRING HILL	FL	4. FEI Numb 59-314	-			ed For pplicable	
Country USA 3	Zip 4606	Country USA	5. Certificate	of Status Desired		75 Addition Required	nal	
Name and Address of Current Regi	stered Agent	Name	7. Name and	Address of New R	egistered Agent			
N D HILL DR FL 34608	Street Address (P.O. Box Number is Not Acceptable) 1260 LORI DRIVE							
	_	City	NG HILL			ip Code 4606		
registered agent.  My  note that the statement for the pregistered agent.  My  note that the statement of the statement agent and the	unds	egistered office or re	gistered agent, or bo	th, in the State of Flo	orida. I am familia	ir with, and	accept	
Will FEE IS \$150.00 2004 Fee will be \$550.00	n Financing oution.	\$5.00 May Be Added to Fees						
OFFICERS AND DIRECTORS		11.	ADDITIONS	CHANGES TO OFFI				
Delete DRY, KEVIN 2 HEATHCLIFF ST.		TITLE NAME STREET ADORESS	4066 Gul	& Coast	Dr	INATE L	Addition	
ING HILL, FL 34608	<b></b>	CITY-ST-ZIP	Hernando	Deach, M	<u> 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 </u>	201	<b>1</b> ********	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS

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9.	Election Campaign Financing
	Trust Fund Contribution

TITLE ☐ Delete TITLE LANDRY, KEVIN NAME NAME 40 10142 HEATHCLIFF ST. STREET ADORESS STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34608 CITY-ST-ZIP Delete 4066 GUIS Coast Dy Grange Hernando Black, FL 3 TITLE LANDRY, JOANNE C MALKE NAME STREET ADDRESS STREET ADDRESS 10142 HEATHCHEE ST CMY-ST-ZIP SPRING HILL, FL 34608 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: \_