

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P92000005421

1. Entity Name  
GULFAB, INC.



FILED

08 OCT 14 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1260 LORI DRIVE  
SPRING HILL, FL 34606 US

Mailing Address

1260 LORI DRIVE  
SPRING HILL, FL 34606 US

2. Principal Place of Business - No P.O. Box #  
4066 GULF COAST DRIVE

3. Mailing Address  
4066 GULF COAST DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09182008

Chg-P

CR2E034 (12/06)



City & State  
HERNANDO BEACH, FL

City & State  
HERNANDO BEACH, FL

4. FEI Number  
59-3145738

Applied For  
Not Applicable

Zip  
34607

Country

Zip  
34607

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDRY, KEVIN D  
1260 LORI DRIVE  
SPRING HILL, FL 34606

Name  
LANDRY, KEVIN D.

Street Address (P.O. Box Number is Not Acceptable)  
4066 GULF COAST DRIVE

City  
HERNANDO BEACH

FL

Zip Code  
34607

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

*Kevin D. Landry*

(NOTE: Registered Agent signature required when reinstating)

DATE 10/7/08

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME LANDRY, KEVIN  
STREET ADDRESS 4066 GULF COAST DR  
CITY-ST-ZIP HERNANDO BEACH, FL 34607

TITLE D ☐ Delete  
NAME LANDRY, JOANNE C  
STREET ADDRESS 4066 GULF COAST DR  
CITY-ST-ZIP HERNANDO BEACH, FL 34607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300137175919  
CITY-ST-ZIP 10/22/08--01048--013 \*\*61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: \*

*Kevin D. Landry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN D. LANDRY

DATE 10-7-08

Date

Daytime Phone #