# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 21, 2005 8:00 am**
**Secretary of State**
02-23-2005 90086 005 ***150.00

DOCUMENT # P93000004855

1. Entity Name
GULF PLACE CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 95 LAURA HAMILTON BLVD.<br>STE C-1<br>SANTA ROSA BEACH FL 32459<br>US | 95 LAURA HAMILTON BLVD.<br>STE C-1<br>SANTA ROSA BEACH FL 32459<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7 Town Center Loop, C-14 | 7 Town Center Loop |
| Suite, Apt. #, etc. | Suite, Apt. #, etc.<br>C-14 |
| City & State<br>Santa Rosa Bch. FL | City & State<br>Santa Rosa Bch, FL |
| Zip<br>32459 Country<br>USA | Zip<br>32459 Country<br>USA |

bbUUb31J

1st MOORE CR2E034 (10/04)

4. FEI Number 59-3172549 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARD J. ROOKIS
95 LAURA HAMILTON BLVD
SUITE C-5
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7 Town Center Loop
C-14
City Santa Rosa Bch FL Zip Code 32459

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: RR DATE: 2.15.05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | PD<br>ANDREWS, ANGUS<br>35000 EMERALD COAST PARKWAY<br>DESTIN FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>ABBOTT, WILLIAM<br>35000 EMERALD COAST PARKWAY<br>DESTIN FL 32541 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ABBOTT, STEPHEN<br>35000 EMERALD COAST PARKWAY<br>DESTIN FL 32541 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>VANDIVER, CHARLES<br>35000 EMERALD COAST PARKWAY<br>DESTIN FL 32541 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RICHARD J. ROOKIS<br>7 TOWN CTR LOOP STE C14<br>SRB, FL 32459 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** RR Richard Rookis 2.15.05 850.267.3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #