


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000006976 1. Entity Name GULF AGRIFINANCE, INC.	
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Principal Place of Business 2825 TAMiami TRAIL BLDG. C PUNTA GORDA, FL 33950	Mailing Address P.O. BOX 51-2116 PUNTA GORDA, FL 33951
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DO NOT WRITE IN THIS SPACE

FILED
05 JAN 31 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/18/05 90030030 \$ 150.00
01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0383167	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINSLOW, GEORGE A
2825 TAMiami TRAIL
BLDG C
PUNTA GORDA, FL 33950

**DO NOT WRITE
IN THIS SPACE**

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.

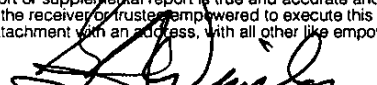
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT WINSLOW, GEORGE A 2825 TAMiami TRAIL, BLDG. C PUNTA GORDA, FL
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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #