## FILED Aug 17, 2005 8:00 am Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Maling Address   Maling	1. Entity Name	9					<u>ሮሮ</u> በ:	)5 <u>8</u> 76		
1220 SDALE MARRY HWY SUITE 201 TIMPA, R. 33629  2. Principal Place of Business  Suite, Apr. etc.  Suite, App. etc.  Suite, Apr. etc.  Suite, App. etc.  Suite, Apr. etc.  Suite, App. etc.  Suit	Principal Place	of Business	Mailing Address		·	-	9904	23010		
Suite, Apt. 9, etc.    Suite, Apt. 9, etc.   Suite   Chy & State   Chy & Chy & State	1220 S DALE SUITE 201	MABRY HWY	1220 S DALE MABRY Suite 201	HWY		A (OUT) 15 OT	ı (Bird siin barıl döm eğ	 In estil insel links est		1 <b>111</b> 1 (1 1 <b>111</b> 1
City & State  Country  Country	2. Principal Pl	ace of Business	3. Mailing Address							
Sp. 3205794   Not Applied   Sp. 75 Againant	Suite, Apr. #, etc.							CR2E034 (1		
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The state of Points of the Points of th	City & State		City & State					-	plied For Applicable	
A. Nerme and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. 220 S DALE MABRY HWY  Surfert Address (P.O. Box Number is Not Acceptable)  7. The above name and entity submits this sustement for the purpose of changing its registered agent, or both. In the State of Forda. I am landlar with, and acceptable in registered agent, or look, in the State of Forda. I am landlar with, and acceptable in a control of Address of Internation and Internation with a new Address of Internation and Internation with a new Address of Internation and Internation with a new Address of Internation and Int	Zip Country		Zip		ntry	5. Certificate	of Status Desired			
CANNELLA, JOSEPH V Syrest Address (P.O. Box Number is Not Acceptable)  Strest Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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 Fiorda. I tem familiar with, and acceptable of the change of registered agent, or both, in the State of Fiorda. I tem familiar with, and acceptable of the change of registered agent. Or both, in the State of Fiorda. I tem familiar with, and acceptable of the change of the cha		5. Name and Address of Curr	ent Registered Agent			7. Name and	Address of New F			
Street Actives (P.O. Box Number is Not Acceptable)  Street Actives (P.O. Box Number is Not Acceptable)  FL		· · · · · · · · · · · · · · · · · · ·			Name		_			
TAMPA, FL 33629  City  FL Zip Code  A. The above-named entity submists this statement for the purpose of changing its registered office or registered again, or both, in the State of Profita. I am familiar with, and acc the obligation of registered again, or both, in the State of Profita. I am familiar with, and acc the obligation of registered again, or both, in the State of Profita. I am familiar with, and acc the obligation of registered again, or both, in the State of Profita. I am familiar with, and acc the obligation of registered again, or both, in the State of Profita. I am familiar with, and acc the obligation of registered again, or both, in the State of Profita. I am familiar with, and acc the obligation of registered again, or both, in the State of Profita. I am familiar with, and acc the obligation of registered again, or both, in the State of Profita. I am familiar with, and acc the obligation of registered again, or both, in the State of Profita. I am familiar with, and acc the obligation of registered again, or both, in the State of Profita. I am familiar with, and acc the obligation of registered again, or both, in the State of Profita. I am familiar with, and acc the obligation of Profita. I am familiar with, and acc the obligation of Profita. I am familiar with, and acc the obligation of Profita. I am familiar with, and acc the obligation of Profita. I am familiar with, and acc the obligation of Profita. I am familiar with, and acc the obligation of Profita. I am familiar with, and acc the obligation of Profita. I am familiar with, and acc the obligation of Profita. I am familiar with, and acc the obligation of Profita. I am familiar with, and acc the obligation of Profita. I am familiar with, and acc the obligation of Profita. I am familiar with, and acc the obligation of Profita. I am familiar with, and acc the obligation of Profita. I am familiar with, and acc the obligation of Profita. I am familiar with, and acc the profita. I am familiar with and accordance with the profita. I am familia	1220 S DALE MABRY HWY				Street Address (P.O. Box Number is Not Acceptable)					
B. The above-named entity submist his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farmillar with, and acc the obligations of registered agent.  PREJIDENT 77-2F-05  SIGNATURE 5 press, pleas of Florida. I am farmillar with, and acc the obligations of registered agent.  PREJIDENT 77-2F-05  SIGNATURE 5 press, pleas of Florida. I am farmillar with, and acc the obligations of registered agent. or both, in the State of Florida. I am farmillar with, and acc the obligations of registered agent. or both, in the State of Florida. I am farmillar with, and acc the obligations of registered agent. or both, in the State of Florida. I am farmillar with, and acc the obligations of registered agent. or both, in the State of Florida. I am farmillar with, and acc the obligations of registered agent. or both, in the State of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Florida. I am farmillar with, and acc the state of Fl					<u> </u>				<del></del>	
The obligations of registered agent.    Charge   Change					City	City FL Zip Code				3
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MANE STREET ADDRESS CITY-S1-ZP  TILL MANE STREET		TAMPA, FL 33629		_				<del></del>		
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NAME STREET ADDRESS CITY-S1-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the examption stated in Section 119.07(3)(i). Florida Statutes, I turber certify that the information of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or direct or the receiver or trustee empowered to execute this report as required by Chapter 607. Porida Statutes, and that my name appears in Block 10 or Block 1	NAME STREET ADDRESS		☐ Debate	HAA STR	NE REET ADORESS				Change	Addition
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 1	NAME STREET ADDRESS		☐ Delete	NA) STR	AE KEET ADORESS			0	Change	☐ Addition
SIGNATURE: Social D. Bannella 7-28-05	of the co changed	rporation of the receiver of trustee 6, or on an attachment with an addre	empowered to execute this reposers, with all other like empowers	ort as requ ed.	emption stated in ature shall have to ared by Chapter	607, Horida Statute	99; and that my nam	ie appears in Blo	at the in officer ck 10 or	formation or director Block 11 if

## JUNCO'& KIERZYNSKI 66025876

1211 N. WESTSHORE BLVD. SUITE 715 TAMPA, FLORIDA 33607

TELEPHONE: (813) 281-9090 FAX: (813) 288-8483

July 1, 2005

Florida Department of State Glenda E. Hood, Secretary of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

RE:

Joseph V. Cannella Realty, Inc. 1220 S. Dale Mabry Hwy. Tampa, FL 33629

Gulfview Properties of Tampa, Inc. 1220 S. Date Mabry Hwy, Suite 202 Tampa, FI 33629

Dear Ms. Hood:

My client received the attached "Notice of Intent to Dissolve" and they were quite surprised as they thought it had been paid. My client has been very sick in the past year with pancreatic cancer and thus unable to keep functioning as he has in the past. He told his secretary to mail the attached check to your office in April 2005, but since he received you intent to dissolve care, he checked and found that she had not mailed the check to you as she was suppose to. In the meantime, she quit her job with my client.

This error will not occur in the future. Please accept this check as payment for his registration fee.

Sincerely.

Certified Public Accountant



## **ATTACHMENT**

## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

66025876.

July 12, 2005

JUNCO & KIERZYNSKI 1211 N WESTSHORE BLVD SUITE 715 TAMPA, FL 33607

SUBJECT: GULFVIEW PROPERTIES OF TAMPA, INC.

Ref. Number: (93000071550)

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner Senior Section Administrator

Letter Number: 905A00045931