

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000075410

FILED
Jan 19, 2009
Secretary of State

Entity Name: GULF SHORE SITE DEVELOPMENT, INC.

Current Principal Place of Business:

360 NURSERY LN.
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

360 NURSERY LN.
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 65-0455263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAISER, JAMES H
360 NURSERY LANE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: RAISER, LAWRENCE
Address: 9151 WINTERVIEW DRIVE
City-St-Zip: NAPLES, FL 34109 US

Title: VP () Delete
Name: RAISER, THOMAS
Address: 4121 FIRST AVE. S.W.
City-St-Zip: NAPLES, FL 34119 US

Title: T () Delete
Name: RAISER, JAMES H
Address: 1710 WINTERBERRY RD
City-St-Zip: MARCO IS., FL 34145 US

Title: P () Delete
Name: RAISER, RICHARD L
Address: 9151 WINTERVIEW DRIVE
City-St-Zip: NAPLES, FL 34109 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H. RAISER

T

01/19/2009

Electronic Signature of Signing Officer or Director

Date