



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90107 050 ***150.00

DOCUMENT # P93000077172 1. Entity Name GULF ATLANTIC PROPERTIES OF PALM BEACH, INC.					
Principal Place of Business C/O FARLEY & UPHAM PA PO BOX 7639 NAPLES, FL 34101 US			Mailing Address C/O FARLEY & UPHAM PA PO BOX 7639 NAPLES, FL 34101 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01062006 Chg-P CR2E034 (11/05)	
Zip Country		Zip Country		4. FEI Number 65-0525017	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent UPHAM, LAURA S C/O FARLEY & UPHAM, P.A. 826 ANCHOR RODE DR NAPLES, FL 34109 <i>Change address to → (+ name too)</i>			7. Name and Address of New Registered Agent Name Laura Upham Farley Street Address (P.O. Box Number is Not Acceptable) 1415 Panther Lane Suite 387 City Naples FL Zip Code 34109		
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 <u><i>Laura Upham Farley</i></u> <u><i>Laura Upham Farley</i></u> <u><i>1/12/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEMSGLUSS, LUTZ 826 ANCHOR RD NAPLES, FL 34109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVS SIEMSGLUSS, LUTZ 826 ANCHOR RD NAPLES, FL 34109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 7639 Naples, FL 34101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 7639 Naples, FL 34101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 7639 Naples, FL 34101	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 7639 Naples, FL 34101	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 7639 Naples, FL 34101	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>SIEMSGLUSS</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					