2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 14, 2008 08:00 AM **Secretary of State** DOCUMENT # P93000077172 GULF ATLANTIC PROPERTIES OF PALM BEACH, INC. Principal Place of Business Mailing Address C/O FARLEY & UPHAM PA C/O FARLEY & UPHAM PA PO BOX 7639 PO BOX 7639 NAPLES, FL 34101 NAPLES, FL 34101 And the state of t No Chg-P 01152008 CR2E034 (11/05) 4. FEI Number Applied Fo 65-0525017 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent geriorista (Alberta Committee of the second DO NOT WRITE FARLEY, LAURA U 1415 PANTHER LANE **SUITE 387** NAPLES, FL 34109 Laboratoria de la Salada de Maria de Laboratoria de la Carta de Carta de Carta de Carta de Carta de Carta de C 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 acc the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE The state of the s SIEMSGLUSS, LUTZ NAME A SECTION AND A SECTION ASSESSMENT ASSESSMEN U00000827076 02/21/08:80076:010.150:00 STREET ADDRESS P O BOX 7639 CITY-ST-ZIF NAPLES, FL 34101 **PTVS** TITLE SIEMSGLUSS, LUTZ NAME the state of the second se STREET ADDRESS P O BOX 7639 A Martin Start of South and South Start South Start NAPLES, FL 34101 CITY-ST-ZIF William Branch and American Street Contraction TITLE the state of the s NAME AND THE PARTY OF T STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS A Salah Managaran Ma CITY-ST-ZIP A Committee of the State of the TITLE The state of the s With the second STREET ADDRESS THE PARTY OF THE PROPERTY OF THE PARTY OF TH CITY-ST-ZIP TITLE

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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 directly 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 changed, or on an attachment with an address, with all other like empowered.

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NAME

STREET ADDRESS CITY-ST-7IP