

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 03, 2008 08:00 A
Secretary of State

DOCUMENT # P93000085602

1. Entity Name
GULF SHORE DEVELOPMENT II, INC.



Principal Place of Business

2800 KENNEDY DRIVE
VENICE, FL 34292

Mailing Address

2800 KENNEDY DRIVE
VENICE, FL 34292

DO NOT WRITE IN THIS SPACE



03042008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0461069

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, PAMELA
2800 KENNEDY DR.
VENICE, FL 34292

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000378931
04/15/08-80002-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRADY, RICHARD W
STREET ADDRESS	315 PINE GLEN WAY
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	BRADY, ROBERT W
STREET ADDRESS	5227 SIESTA COVE DR.
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	SULLIVAN, PAMELA B
STREET ADDRESS	2800 KENNEDY DRIVE
CITY-ST-ZIP	VENICE, FL 34292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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, 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 #

Pamela B Sullivan Sec 1 Neg 3-30-08 941-484-51