

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019873

FILED
Apr 29, 2004
Secretary of State

Entity Name: GULF SHORE RESORTS, INC.

Current Principal Place of Business:

2033 MAIN ST.
STE 600
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

2033 MAIN ST.
STE 600
SARASOTA, FL 34237 US

New Mailing Address:

FEI Number: 65-0575652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PFLUGNER, J. GEOFFREY
2033 MAIN ST.
SUITE 600
SARASOTA, FL 34237 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: PS () Delete
Name: ARNSBY, LAUGENE
Address: 33 TAMiami TRAIL
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ARNSBY, DAVID
Address: 4948 BRIDGEHAMPTON BOULEVARD
City-St-Zip: SARASOTA, FL 34238

Title: SDT () Change (X) Addition
Name: ARNSBY, ANN
Address: 4948 BRIDGEHAMPTON BOULEVARD
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID ARNSBY

DP

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date