


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000083834</b>	
1. Entity Name TANGERINE GULFSTREAM PROPERTIES, INC.	

Principal Place of Business 1819 MAIN STREET SUITE 200 SARASOTA, FL 34236 US	Mailing Address 7800 BAYBERRY RD JACKSONVILLE, FL 32256 US
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**DO NOT WRITE IN THIS SPACE**



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3288633	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GIBSON, CHRISTINE TANGERINE GULFSTREAM PROP. 1819 MAIN STREET, #200 SARASOTA, FL 34236
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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLABAUGH, JAMES E 1819 MAIN STREET -SUITE 200 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS FULLERTON, ROBERT C 1819 MAIN STREET- SUITE 200 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GIBSON, CHRISTINE 1819 MAIN STREET -SUITE 200 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCULLOUGH, PAMELA 1819 MAIN STREET - SUITE 200 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000216940 158.00  
02/07/05-80004-026 8.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: 	02/07/2005	941-366-4414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #