## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 09, 2006 08:00 AM **DOCUMENT # P96000016661** Secretary of State GULF ATLANTIC MARKETING GROUP, INC. Mailing Address Principal Place of Business 1344 MEDITERRANEAN DRIVE 14113 YELLOW WOOD CIRCLE ORLANDO, FL 32828 SUITE 132 PUNTA GORDA, FL 33950 CR2E034 (11/05) 01052006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3363137 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PENNINGTON, ROBERT A. DO NOT WRITE 1344 MEDITERRANEAN DR. **SUITE 132** IN THIS SPACE PUNTA GORDA, FL 33950 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, TITLE NAME PENNINGTON, ROBERT A STREET ADDRESS 1530 CARILLON PARK DRIVE OVIEDO, FL 32765 CITY-ST-ZIP ST TITLE PENNINGTON, SANDRA K U00000380210 01/11/06-80005-003 150.00 1530 CARILLON PARK DRIVE STREET ADDRESS OVIEDO, FL 32765 CITY-ST-7IP ٧P me BRANDENBURG, ROBERTA A NAME 14113 YELLOW WOOD CIRCLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ORLANDO, FL 32828 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP ITILE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 attachmost with an address, with all-other like empowered.

SIGNATURE:

CITY-ST-ZIP

WHAT A: TENNINGLEX

IGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR

1-5-06

941-575-9470

FILED

Daytime Phone #