


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90282 035 \*\*\*150.00

<b>DOCUMENT # P96000018401</b>	
1. Entity Name <b>GULFVIEW MARINE INC.</b>	

Principal Place of Business <b>2296 PRIMROSE LN APT 1501 CLEARWATER, FL 33763 US</b>	Mailing Address <b>2296 PRIMROSE LN APT 1501 CLEARWATER, FL 33763 US</b>
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2. Principal Place of Business <b>3475 Belcher Rd</b>	3. Mailing Address <b>3475 Belcher Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Dunedin FL</b>	City & State <b>Dunedin FL</b>
Zip <b>34698</b>	Zip <b>34698</b>
Country <b>USA</b>	Country <b>USA</b>

03032005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0650618</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HIGGINBOTHAM, JAMES A 2047 DARLINGTON OAK DR. SEFFNER, FL 33584</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HIGGINBOTHAM, JAMES A 2047 DARLINGTON OAK DR. SEFFNER, FL 33584</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(i), 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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #