

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000103353

1. Entity Name
 GREGORY STREET WAREHOUSE, INC.



Principal Place of Business
 17 E MAIN STREET STE 100
 PENSACOLA, FL 32502

Mailing Address
 17 E MAIN STREET STE 100
 PENSACOLA, FL 32502



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3417510	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

LOZIER, DANIEL R
 24 WEST CHASE STREET
 PENSACOLA, FL 32501

DO NOT WRITE 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 _____

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BULLOCK, JOHN H KEITH
STREET ADDRESS	17 E. MAIN ST, SUITE 100
CITY - ST - ZIP	PENSACOLA, FL 32501

TITLE	D
NAME	MAXWELL, RANDY P
STREET ADDRESS	17 E. MAIN ST, SUITE 100
CITY - ST - ZIP	PENSACOLA, FL 32501

TITLE	STD
NAME	SPENCER, BRIAN K
STREET ADDRESS	17 E. MAIN ST, SUITE 100
CITY - ST - ZIP	PENSACOLA, FL 32501

TITLE	D
NAME	LOZIER, DANIEL R
STREET ADDRESS	24 WEST CHASE STREET
CITY - ST - ZIP	PENSACOLA, FL 32501

TITLE	D
NAME	EMLING, CHARLES A III
STREET ADDRESS	605 CHESAPEAKE DR
CITY - ST - ZIP	GULF BREEZE, FL 32561

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 02/11/05-80061-010 150.00

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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

J. H. Keith Bullock J. H. Keith Bullock

Date

Daytime Phone #

2/7/05 8504327772