

**FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # **P96000103447**

1. Entity Name
GULF ISLAND LOCK & SAFE INC

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FILED
11 JUN -6 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business, No P.O. Box #
One Front St

Suite, Apt. #, etc.

3. Mailing Address
One Front St

Suite, Apt. #, etc.

City & State
Marco Island FL

City & State

Zip
34145

Country
Collier

Zip

Country

CR2E034B (1/11)

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4. FEI Number
593433011

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Nancy P McAuley

Street Address (P.O. Box Number is Not Acceptable)
272 N Barfield Dr

City
Marco Island

FL

Zip Code
34145

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
Nancy P McAuley

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-instating

DATE
5/31/01

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$650.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State.

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

E-mail Address:

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Nancy P McAuley 272 N Barfield Dr Marco Island, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Mark W McAuley 272 N Barfield Dr Marco Island, FL 34145
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300207320503
05/06/11-01037-002 **150.00

\$616

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.154, F.S.

SIGNATURE: **Nancy P McAuley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
5/31/01

Daytime Phone #
23816423282

*this was filed electronically, it does not show pmt