


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90120 007 \*\*\*150.00

<b>DOCUMENT # P97000006750</b> 1. Entity Name <b>GULFSHORE MANUFACTURING, INC.</b>					
Principal Place of Business <b>131 HIGHWAY 19 N</b> <b>INGLIS, FL 34449 US</b>			Mailing Address <b>PO BOX 130</b> <b>INGLIS, FL 34449 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3422036</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>YOUNG, ROBB D</b> <b>10700 N. SUNFLOWER POINT</b> <b>CRYSTAL RIVER, FL 34428</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>Robb D. Young</i></u> <span style="float: right;">4/18/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P YOUNG, ROBB D 10700 N. SUNFLOWER POINT CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, J. BRAD 10700 N. SUNFLOWER POINT CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUNG, ROSEMARY T 10700 N. SUNFLOWER POINT CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Young, Robb D 4 Palmetto Dr. Inglis, FL 34449	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YOUNG, J. BRAD 10700 N. SUNFLOWER POINT CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YOUNG, ROSEMARY T 10700 N. SUNFLOWER POINT CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YOUNG, ROBB D 10700 N. SUNFLOWER POINT CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YOUNG, J. BRAD 10700 N. SUNFLOWER POINT CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YOUNG, ROSEMARY T 10700 N. SUNFLOWER POINT CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 attachment with an address, with all other line empowered.					
SIGNATURE: <u><i>Robb D. Young</i></u> <span style="float: right;">4/18/06 352/447-1330</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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