## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 08:00 Al Secretary of State DOCUMENT # P97000045182 FLORIDA GULF MARKETING, INC. Principal Place of Business Mailing Address 804 137TH ST. NE 804 137TH ST. NE BRADENTON, FL 34212 BRADENTON, FL 34212 04282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0758761 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARNES, ROBERT L JR. DO NOT WRITE 2655 MCCORMICK DR CLEARWATER, FL 34619 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 litle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS THE **PVTS** GRABIAK, PAUL NAME STREET ADDRESS 804 137TH ST. NE CITY-ST-ZIP BRADENTON, FL 34212 U00000554524 05/15/06-80095-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP TELE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TILE STREET ADORESS CITY-ST-ZIP MLE HAME STREET ADDRESS CITY-ST-ZIP

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 time empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06

941-747-6666 Daysime Phone #

**FILED**