

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90018 010 ***150.00

| | | | |
|--|--|---|--|
| DOCUMENT # P97000045182 1. Entity Name FLORIDA GULF MARKETING, INC. | | | |
| Principal Place of Business 13606 2ND AVE NE BRADENTON, FL 34212 | | Mailing Address 13606 2ND AVE NE BRADENTON, FL 34212 | |
| 2. Principal Place of Business - No P.O. Box # 1703 154th St. East Suite, Apt. #, etc. | | 3. Mailing Address 1703 154th St. East Suite, Apt. #, etc. | |
| City & State BRADENTON, FL | | City & State BRADENTON, FL | |
| Zip 34212 | Country USA | Zip 34212 | Country USA |
| 4. FEI Number 65-0758761 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GRABIAK, PAUL 13606 2ND AVE NE BRADENTON, FL 34212 | | 7. Name and Address of New Registered Agent Name Grabiak, Paul Street Address (P.O. Box Number is Not Acceptable) 1703 154th St. East City BRADENTON FL Zip Code 34212 | |
| 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 7-8-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVTs GRABIAK, PAUL 13606 2ND AVE NE BRADENTON, FL 34212 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVTs GRABIAK, Paul 1703 154th St. East BRADENTON, FL 34212 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" 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 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 like empowered. | | | |
| SIGNATURE: | | 7-8-08 (941) 747-6666 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |