

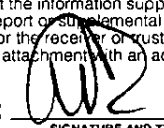


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90054 012 ***150.00

DOCUMENT # P97000064238																									
1. Entity Name GULF/ATLANTIC SERVICES, INC.																									
Principal Place of Business 1605 MAIN ST, STE 610 SARASOTA, FL 34236			Mailing Address 240 S. PINEAPPLE AVENUE - 10TH FLOOR SARASOTA, FL 34236																						
2. Principal Place of Business		3. Mailing Address																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																							
City & State		City & State																							
Zip		Zip																							
Country		Country		02242005 Chg-P CR2E034 (10/03)																					
4. FEI Number 65-0775220				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable																		
Applied For																									
Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> 6. Name and Address of Current Registered Agent </td> <td colspan="2" style="padding: 5px;"> 7. Name and Address of New Registered Agent </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> SCHEMBRI, JENIFER S 240 S. PINEAPPLE AVE, 10TH FL SARASOTA, FL 34236 </td> <td colspan="2" style="padding: 5px;"> Name </td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;"> Street Address (P.O. Box Number is Not Acceptable) </td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;"> City </td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;"> FL Zip Code </td> </tr> </table>		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		SCHEMBRI, JENIFER S 240 S. PINEAPPLE AVE, 10TH FL SARASOTA, FL 34236		Name				Street Address (P.O. Box Number is Not Acceptable)				City				FL Zip Code	
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		City																							
		FL Zip Code																							
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 _____ (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 <input type="checkbox"/> \$5.00 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	D PLUSH, ALAN C 31 SARASOTA CENTER BLVD. SARASOTA, FL 34240	<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 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: 			Alan C. Plush, Director																						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/25/05 941 363 7501																						