

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2005 8:00 am
Secretary of State

06-10-2005 90091 001 ***150.00
06-10-2005 90091 002 *****8.75

66022620



06032005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000093155 1. Entity Name GULF TRADING AND HOLDING CORPORATION					
Principal Place of Business 623 E TARPON AVE TARPON SPRINGS, FL 34689			Mailing Address 623 E TARPON AVE TARPON SPRINGS, FL 34689		
2. Principal Place of Business 6826 EDEN LANE		3. Mailing Address 6826 EDEN LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA, FL.		City & State TAMPA, FL.		4. FEI Number 59-2651916	
Zip 33634		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33634		Country		6. Name and Address of Current Registered Agent ELLIOTT, HERBERT 623 E TARPON AVE TARPON SPRINGS, FL 34689 RESIGNATION SIGNATURE ATTACHED	
7. Name and Address of New Registered Agent Name PAZ, LUZ S. Street Address (P.O. Box Number is Not Acceptable) 6826 EDEN LANE City TAMPA FL Zip Code 33634		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 P/A 6/6/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		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	P SCOTT, BRENDA M PO BOX 592 CRYSTAL BEACH, FL 34881	<input checked="" type="checkbox"/> Delete DEATH CERTIFICATE ATTACHED	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAZ, LUZ S. 6826 EDEN LANE TAMPA, FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAZ, LUZ S PO BOX 592 CRYSTAL BEACH, FL 34881	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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:			6/6/05 (813) 784-8415		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

ATTACHMENT

CERTIFICATE OF DEATH
FLORIDA

1. LOCAL FILE NO.		2. DECEDENT'S NAME		3. SEX	
		Brenda M. Scott		Female	
4. DATE OF DEATH (Month, Day, Year)		5. SOCIAL SECURITY NUMBER		6a. AGE - Last Birthday (Years)	
JUL 14, 2004		148-34-7089		59	
7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (City and State or Foreign Country)		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	
December 8, 1944		Brooklyn, New York		No	
10a. PLACE OF DEATH (Check only one: see instructions on other side)				10b. INSIDE CITY LIMITS? (Yes or No)	
HOSPITAL - Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) <input type="checkbox"/>				No	
11. FACILITY NAME (If not institution, give street and number)		12. CITY, TOWN, OR LOCATION OF DEATH		13. COUNTY OF DEATH	
224 Grace Street		Crystal Beach		Pinellas	
14. DECEDENT'S USUAL OCCUPATION		15. KIND OF BUSINESS/INDUSTRY		16. MARITAL STATUS - Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	
Investor		Real Estate			
17. RESIDENCE - STATE		18. COUNTY		19. CITY, TOWN, OR LOCATION	
Florida		Pinellas		Crystal Beach	
20. STREET AND NUMBER		21. INSIDE CITY LIMITS? (Yes or No)		22. ZIP CODE	
224 Grace Street		No		34681	
23. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)		24. RACE - American Indian <input type="checkbox"/> Black, White, etc. Specify		25. DECEDENT'S EDUCATION (Specify only highest grade completed)	
No		White		Elementary/Secondary <input type="checkbox"/> College (1-4 or 5) <input type="checkbox"/> 12	
26. FATHER'S NAME (First, Middle, Last)		27. MOTHER'S NAME (First, Middle, Maiden Surname)			
Walter Mazur		Jean Tersinsky			
28. INFORMANT'S NAME (Type or Print)		29. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
Jeffrey Scott		4871 Klosterman Oaks Blvd., Palm Harbor, FL 34689			
30. METHOD OF DISPOSITION		31. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		32. LOCATION - City or Town, State	
Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		Dobies Crematory		Hudson, Florida	
33. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		34. LICENSE NUMBER (of Licensee)		35. NAME AND ADDRESS OF FACILITY	
<i>[Signature]</i>		2104		Thomas B. Dobies Funeral Home 701 E. Tarpon Avenue Tarpon Springs, Florida 34689	
36. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title)		37. On the basis of examination and/or testation, I certify death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title)			
22b. DATE SIGNED (Mo., Day, Yr)		22c. HOUR OF DEATH		23b. DATE SIGNED (Mo., Day, Yr)	
				7-15-04 Found 8:00 P	
24. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		25. MEDICAL EXAMINER'S CASE #			
NOEL PALMA MD ME 10900 Ulmerton Rd., Largo, FL 33778		04060873			
38. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)		39. LOCAL REGISTRAR SIGNATURE		40. DATE REGISTERED	
NOEL PALMA MD ME 10900 Ulmerton Rd., Largo, FL 33778		<i>[Signature]</i>		July 22, 2004	

Barbara M. Sauer
Chief Deputy Registrar, Pinellas County

Issued: JUNE 2, 2005

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF
HEALTH

DH FORM 1946 (08-04)

P1759136

CERTIFICATION OF VITAL RECORDS

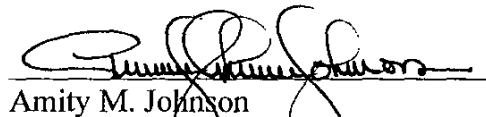
ATTACHMENT

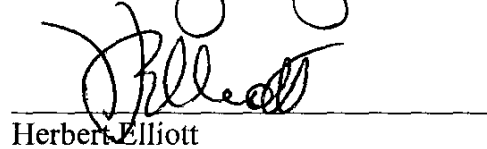
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RESIGNATION OF DIRECTOR / OFFICER

To the board of directors of GULF TRADING AND HOLDING CORPORATION:

We, the undersigned, hereby resign our respective offices effective immediately, from
GULF TRADING AND HOLDING CORPORATION.


Amity M. Johnson


Herbert Elliott