# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 19, 2009**
**Secretary of State**

DOCUMENT# P98000004891

**Entity Name:** GULFSIDE SPECIALTIES, INC.

**Current Principal Place of Business:**

P.O. BOX 487
MATLACHA, FL 33993

**New Principal Place of Business:**

6050 STRINGFELLOW ROAD
SAINT JAMES CITY, FL 33956

**Current Mailing Address:**

P.O. BOX 487
MATLACHA, FL 33993

**New Mailing Address:**

**FEI Number: 65-0825839** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARK, NANCY J
6050 STRINGFELLOW RD.
SAINT JAMES CITY, FL 33956 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: CLARK, NANCY J
Address: P.O. BOX 487
City-St-Zip: MATLACHA, FL 33993

Title: V ( ) Delete
Name: CLARK, JOHN D
Address: P.O. BOX 487
City-St-Zip: MATLACHA, FL 33993

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY J CLARK PRES 02/19/2009
Electronic Signature of Signing Officer or Director Date