## FILED Mar 25, 2004 8:00 am **Secretary of State** 03-25-2004 90022 037 \*\*\*150.00 CR2E034 (11/03) Applied For 59-3517711 Not Applicable \$8.75 Additional Fee Required Name and Address of New Registered Agent **\$5.00** May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Daytime Phone #

2004 FOR PROFIT CORPORATI ANNUAL REPORT (AR)	ON
DOCUMENT # P98000016382	

GULFSHORE HOMES IV, INC.

SIGNATURE:

Principal Place of Business Mailing Address GULFSHORE HOMES, INC. 23815 ADDISON PLACE CT. 23815 ADDISON PLACE COURT **BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134** 2. Principal Place of Business 4. FEI Number 5. Certificate of Status Desired Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103 urpost of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept The above named entity submits this stater the obligations of registered agent Signature, typed or pi (NOTE, Registered Agent signature required when reinstating) h sifit bna tneci FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE ☐ Delete TITLE 8891 Brighton Lone # 101 Bonita Springs FL 34135 NAME WATT, STEVEN M NAME STREET ADDRESS 23815 ADDISON PLACE CT. STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP TITLE **VST** Delete TITLE CHARLSE, STEVEN NAME NAME 23815 ADDISON PLACE CT. STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34134 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete FITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attackment with an address, with all other like empowered.