


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90025 006 ***150.00

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|---|---|-----------------------|--|--|--|
| DOCUMENT # P98000073737 1. Entity Name GULFSTREAM NETWORKS CORPORATION | | | |  | |
| Principal Place of Business 1441 PERTH RD JACKSONVILLE, FL 32221 US | | | Mailing Address 215 NORTH EOLA DR ORLANDO, FL 32803 US | | |
| 2. Principal Place of Business 7651 Gate Parkway, # 101 Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State Jacksonville, FL | | | City & State | | |
| Zip 32256 | | Country USA | | 4. FE# Number 59-3527546 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent WEST, ASHLEY 215 NORTH EOLA DRIVE ORLANDO, FL 32801 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <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 | PST WALKER, PETER J 1441 PERTH RD JACKSONVILLE, FL 32221 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST Walker, Peter J. 7651 Gate Parkway, # 101 Jacksonville, FL 32256 | |
| 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 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. | | | | | |
| GULFSTREAM NETWORKS CORPORATION, a Florida corporation SIGNATURE: By: _____ Peter J. Walker, President | | | | | |
| Date 02/21/04 | | | | Daytime Phone # 904-645-8645 | |

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02102004 Chg-P CR2E034 (10/03)