

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000077870

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: GULFSTREAM, INC.

**Current Principal Place of Business:**

6900 PHILLIPS INDUSTRIAL BLVD  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

6900 PHILLIPS INDUSTRIAL BLVD  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 59-3531196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOTOLAW, INC.  
50 NORTH LAURA STREET  
SUITE 2750  
JACKSONVILLE, FL 32202 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: P ( ) Delete  
Name: SIDDALL, DAVID R  
Address: 6900 PHILLIPS IND. BLVD.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: CS ( ) Delete  
Name: BUTLER, JANICE  
Address: 6900 PHILLIPS IND. BLVD.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: S (X) Change ( ) Addition  
Name: BUTLER, JANICE  
Address: 6900 PHILLIPS IND. BLVD.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Change (X) Addition  
Name: SIDDALL, DAVID R  
Address: 6900 PHILLIPS INDUSTRIAL BLVD.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: T ( ) Change (X) Addition  
Name: SIDDALL, DAVID R  
Address: 6900 PHILLIPS INDUSTRIAL BLVD.  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID R. SIDDALL

P

04/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date