2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90013 035 ***150.00

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1. Entity Name
TOLBERT GULFSIDE DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
1500 MIRACLE STRIP PARKWAY S.E. FORT WALTON BEACH, FL 32548	1500 MIRACLE STRIP PARKWAY S.E. FORT WALTON BEACH, FL 32548

40108166

04182007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1320 Miracle Strip Pkwy		1320 Miracle Strip Pkwy	
Suite, Apt. #, etc: Ste. 400		Suite, Apt. #, etc: Ste 400	
City & State: Ft. Walton Bch., FL		City & State: Ft Walton Beach, FL	
Zip: 32548	Country: Okaloosa	Zip: 32548	Country: Okaloosa

4. FEI Number: 59-3572728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALVATORI AND WOOD, PL
4001 TAMIAMI TRAIL N STE 330
NAPLES, FL 34103

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$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 TOLBERT, FRED E III 1500 MIRACLE STRIP PARKWAY S.E. FORT WALTON BEACH, FL 32548 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Tolbert, Fred E III 1320 Miracle Strip Pkwy, Ste 400 Ft Walton Beach, FL 32548 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Fred E Tolbert, III 4/18/07 850-862-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #