


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90057 047 \*\*\*150.00

<b>DOCUMENT # P99000051385</b>	
<b>1. Entity Name</b> GULF PLACE TOWN CENTER, INC.	

<b>Principal Place of Business</b> 7 TOWN CENTER LOOP C-14 SANTA ROSA BEACH FL 32459	<b>Mailing Address</b> 7 TOWN CENTER LOOP C-14 SANTA ROSA BEACH FL 32459
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<b>2. Principal Place of Business</b> 95 Laura Hamilton Blvd Suite, Apt. #, etc. Suite C-1 City & State Santa Rosa Beach, FL Zip 32459 Country USA	<b>3. Mailing Address</b> 95 Laura Hamilton Blvd Suite, Apt. #, etc. Suite C-1 City & State Santa Rosa Beach, FL Zip 32459 Country USA
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MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 59-3589585	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HALL, STEVEN K HALL & RUNNELS, P.A. 36468 EMERALD COAST PARKWAY, BLDG 2,S-2201 DESTIN FL 32541	
<b>7. Name and Address of New Registered Agent</b> 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**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PD <input type="checkbox"/> Delete	<b>NAME</b> ANDREWS, ANGUS G JR	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 95 LAURA HAMILTON BLVD UNIT C-5		<b>NAME</b>	
<b>CITY-ST-ZIP</b> SANTA ROSA BEACH FL 32459		<b>STREET ADDRESS</b>	
<b>TITLE</b> VD <input type="checkbox"/> Delete	<b>NAME</b> ROOKIS, RICHARD J	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 95 LAURA HAMILTON BLVD UNIT C-5		<b>NAME</b>	
<b>CITY-ST-ZIP</b> SANTA ROSA BEACH FL 32459		<b>STREET ADDRESS</b>	
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> STEINER, MICHELLE	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 337 CALHOUN AVE		<b>NAME</b>	
<b>CITY-ST-ZIP</b> DESTIN FL 32541		<b>STREET ADDRESS</b>	
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> ABBOTT, WILLIAM W R	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 506 HWY 98		<b>NAME</b>	
<b>CITY-ST-ZIP</b> DESTIN FL 32541		<b>STREET ADDRESS</b>	
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> ABBOTT, STEPHEN	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 506 HWY 98		<b>NAME</b>	
<b>CITY-ST-ZIP</b> DESTIN FL 32541		<b>STREET ADDRESS</b>	
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> VAN DIVER, CHARLES H III	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 506 HWY 98		<b>NAME</b>	
<b>CITY-ST-ZIP</b> DESTIN FL 32541		<b>STREET ADDRESS</b>	

**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.**

**SIGNATURE:**  **Richard J Rookis** **2-6-04** **850.267.3400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #