


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90030 030 ***150.00

DOCUMENT # P99000051385

1. Entity Name
GULF PLACE TOWN CENTER, INC.



Principal Place of Business
**95 LAURA HAMILTON BLVD.
 STE. C-1
 SANTA ROSA BEACH, FL 32459**

Mailing Address
**95 LAURA HAMILTON BLVD.
 STE. C-1
 SANTA ROSA BEACH, FL 32459**


2. Principal Place of Business
7 TOWN CENTER LOOP

3. Mailing Address
7 TOWN CENTER LOOP

Suite, Apt. #, etc.
STE C14 Suite, Apt. #, etc.
C14

City & State
SANTA ROSA BEACH FL City & State
SANTA ROSA BEACH FL

Zip
32459 Country
U.S. Zip
32459 Country
U.S.



03192005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3589585 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HALL, STEVEN K
 HALL & RUNNELS, P.A.
 36468 EMERALD COAST PARKWAY, BLDG 2,S-2201
 DESTIN, FL 32541**

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, 2005 Fee will be \$550.00

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7 TOWN CTR LOOP STE C14 SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7 TOWN CTR LOOP STE C14 SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **3-22-05** **850.267.3400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #