## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000055563

Entity Name: GULF SQUARE ENTERPRISES, INC.

FILED Apr 25, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

19717 GULF BOULEVARD, SUITE 3 10195 SAILWINDS BLVD NORTH INDIAN SHORES, FL 33785

SUITE 105

LARGO, FL 33773

**Current Mailing Address: New Mailing Address:** 

19717 GULF BOULEVARD, SUITE 3 10195 SAILWINDS BLVD NORTH INDIAN SHORES, FL 33785

SUITE 105

LARGO, FL 33773

FEI Number: 59-3581495 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BROWN, CHARLIE R 7 FOUNTAIN SQUARE BELLEAIR, FL 33756 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title:

GOOD, CANDACE MARIE GOOD, CANDACE MARIE Name: Name:

19717 GULF BOULEVARD, SUITE #3 10195 SAILWINDS BLVD NORTH, SUITE 105 Address: Address:

City-St-Zip: INDIAN SHORES, FL 33785 City-St-Zip: LARGO, FL 33773

Title: VPD () Delete Title: (X) Change ( ) Addition

LEAR, ROY ARNOLD LEAR, ROY ARNOLD Name: Name:

19717 GULF BOULEVARD, SUITE #3 Address: 10195 SAILWINDS BLVD NORTH, SUIT 105 Address:

INDIAN SHORES, FL 33785 LARGO, FL 33770 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CANDACE MARIE GOOD PD 04/25/2006