2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

8. The above named entity submits this statement for the purpose of changing its registered office or registered

OFFICERS AND DIRECTORS

1308 UPLAND CREST CT.

GULF BREEZE, FL 32563

Country

Street Address (P.C

(NCTE: Registered Agent signature required whi

TITLE

NAME

TITLE NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

9. Election Campaign Financing

Trust Fund Contribution.

☐ Delete

☐ Delete

☐ Delete

DOCUMENT # P99000098101

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and tale a applicable.

GULF BEACH CONSTRUCTION INC.

1. Entity Name

Principal Place of Business

1308 UPLAND CREST CT.

GULF BREEZE, FL 32563

2. Principal Place of Business

Suite, Apt. #, etc.

DORLAG, PAUL

1308 UPLAND CREST COURT **GULF BREEZE, FL 32563**

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

1308 UPLAND CREST COURT

GULF BREEZE, FL 32563

DORLAG, PAUL

City & State

Zip

SIGNATURE

10.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

FILED Mar 31, 2005 8:00 am Secretary of State

03-31-2005 90059 027 ***150.00

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	03072005	Chg-P	CR2E	034 (10/03)		
	4. FEI Numb 22-371	_			plied For t Applicable	
	5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	7. Name and	Address of New	Registered	Agent		
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ess (I	P.O. Box Numb	er is Not Acceptal	ole)			

			F			
ister	ed agent, or bo	th, in the State of I	Florida. I an	n familiar with,	and accept	
dmed	when renstating)		DATE			
\$5. Add	00 May Be ed to Fees					
	ADDITIONS,	CHANGES TO O	FICERS AN	ID DIRECTOR	S IN 11	
				Change	Addition	
	***************************************	44444		☐ Change	Addition	

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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 of 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 officerhorized with an address, with all other like empowered.

SIGNATURE:

ン- 25-5 SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oate

Daytime Phone #

Change

Addition