

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90022 016 \*\*\*150.00

**DOCUMENT # S20471**

1. Entity Name

GULFSIDE CONTRACTING INC.



Principal Place of Business

P.O. BOX 217  
HOMOSASSA FL 34487-2017  
US

Mailing Address

P.O. BOX 217  
HOMOSASSA FL 34487-0217  
US



2. Principal Place of Business - No P.O. Box #

7261 W. Grover Cleveland Blvd.

Suite, Apt. #, etc.

3. Mailing Address

7261 W. Grover Cleveland Blvd.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

HOMOSASSA, FL.

Zip

34446

Country

USA

City & State

HOMOSASSA, FL.

Zip

34446

Country

USA

4. FEI Number

59-3046714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LA FLEUR, JOHN P.  
6158 W CRAFT LANE  
HOMOSASSA FL 34448

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

1

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME LA FLEUR, JOHN P.  
STREET ADDRESS 6158 W CRAFT LANE  
CITY- ST- ZIP HOMOSASSA FL 34448 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John LaFleur

1/29/07

Date

Daytime Phone #