

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # S51628 <small>Entity Name</small> GULFSIDE TROPHIES, INC.					
<small>Principal Place of Business</small> 3336 GRAND BLVD. HOLIDAY FL 34690 US			<small>Mailing Address</small> 3336 GRAND BLVD. HOLIDAY FL 34690 US		
<small>2. Principal Place of Business</small> Suite, Apt. #, etc.			<small>3. Mailing Address</small> Suite, Apt. #, etc.		
<small>City & State</small>			<small>City & State</small>		
<small>Zip</small>		<small>Country</small>		<small>4. FEI Number</small> 59-3064773	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required				<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>	
<small>6. Name and Address of Current Registered Agent</small> ROCHOVANSKY, ROBIN 8336 GRAND BLVD HOLIDAY FL 34690				<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<small>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.</small>					
<small>SIGNATURE</small> _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				<small>9. Election Campaign Financing</small> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<small>10. OFFICERS AND DIRECTORS</small>			<small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Delete</small> D ROCHOVANSKY, ROBIN 3442 GRAND BLVD HOLIDAY FL 34690	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small> 000000480656 04/10/06-80052-014 150.00		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>		
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<small>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.</small>					
SIGNATURE: Robin Rochovansky					
3-20-06 727-847-4884					