2007 FOR PROFIT CORPORATION-

ANNUAL REPORT DOCUMENT # S95610 1. Entity Name **GULF STATE MANAGEMENT, INC.** Principal Place of Business Mailing Address 7640 66TH ST 7640 66TH ST PINELLAS PARK, FL 33781-3103 US PINELLAS PARK, FL 33781-3103 US

6. Name and Address of Current Registered Agent

FILED Mar 29, 2007 08:00 A Secretary of State



| DO N | TO | WRITE | IN THIS | SPACE |
|------|----|-------|---------|-------|
| | | | | |

03212007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3099889

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

JAY, VERONA P.A. DO NOT WRI 7235 FIRST AVE S ST. PETERSBURG, FL 33707

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|---------------------------------------|--|--|---------------------|--------------------------------|---|
| | named entity submits this statement for the pitions of registered agent. | urpose of changing its registered | d office or regi | stered agent, or bo | th, in the State of Fiorida. I am familiar with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and little if | applicable (NOTE: Registered | Agent signature rec | jured when reinstating) | DATE |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | 1.45 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LAFKOWITZ, LARRY M. 7640 66TH ST N PINELLAS PARK, FL 33781 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST LAFKOWITZ, JEFFREY B. 7640 66TH ST N PINELLAS PARK, FL 33781 | | | | 000000683221 04/05/07-80036+005 158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DÖ | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SPACE |
| TITLE NAME STREET ADDRESS | | | | | |

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, if 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 177. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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