


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # V52623 1. Entity Name GULFSTREAM MANAGEMENT, INC.			
Principal Place of Business 5096 N. CRANBERRY BLVD NORTH PORT, FL 34286 US		Mailing Address 5096 N. CRANBERRY BLVD NORTH PORT, FL 34286 US	
DO NOT WRITE IN THIS SPACE			
4. FEI Number 65-0343980		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERIN, WILLIAM E. 5096 N. CRANBERRY ROAD NORTH PORT, FL 34286		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PTSD PERIN, WILLIAM E 5096 N. CRANBERRY BLVD NORTH PORT, FL 34286	
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DO NOT WRITE IN THIS SPACE 1000000001391 01/12/04-80006-001 150.00			
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 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: <i>William E. Perin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-7-04 (941) 423-9843 Date Daytime Phone #	