

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G01682

**Entity Name:** GULF SOUTHERN MARINE, INC.

**Current Principal Place of Business:**

5212 E HARTFORD ST  
TAMPA, FL 33619

**Current Mailing Address:**

P.O. BOX 909  
GIBSONTOWN, FL 33534

**FEI Number:** 59-2222405

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ELLISON, ROBERT EPDS  
5212 E. HARTFORD ST.  
TAMPA, FL 33619 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PDS  
Name ELLISON, ROBERT E  
Address 6821 MAPLE LANE  
City-State-Zip: TAMPA FL 33606

Title CFO  
Name ELLISON, MARK A  
Address 5212 HARTFORD STREET  
City-State-Zip: TAMPA FL 33619

Title SEC  
Name ELLISON, MARK A  
Address 5212 HARTFORD STREET  
City-State-Zip: TAMPA FL 33619

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT ELLISON

PDS

04/30/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date