

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR).


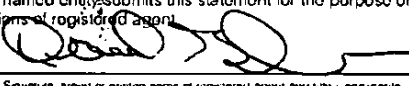
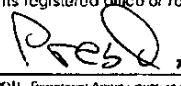
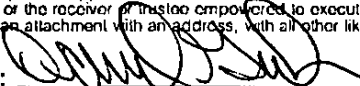
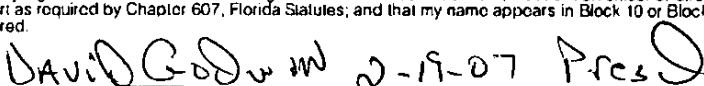
FILED
Feb 21, 2007 8:00 am
Secretary of State

01-31-2007 90052 009 ***150.00

DDUUM -



1st MOORE CR2E034 (10/06)

| | | | |
|--|--|---|--|
| DOCUMENT # 658580 | |  | |
| 1. Entity Name GENERAL SPRAY SERVICE, INC. | | | |
| Principal Place of Business P.O. BOX 1316 4431 SE 45 RD OCALA FL 34480 | | Mailing Address P.O. BOX 1316 4431 SE 45 RD OCALA FL 34480 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt # etc | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-2013323 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GODWIN, DAVID F. 46050 E 48 PL RD. OCALA FL 32671 | | 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  | | Presd.  | |
| Signature, typed or printed name of registered agent and date if applicable | | (Not) Registered Agent's signature required when registering | |
| DATE 1-24-07 | | | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | P GODWIN, DAVID F. 4605 SE 48 PL RD. OCALA FL | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GODWIN, RUTH B. 4431 S.E. 45TH RD OCALA FL | NAME | Deceased <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | GODWIN, SHEILA 4605 SE 48 PL OCALA FL | STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY ST ZIP | | CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | DAVID GODWIN 2-19-07 Presd  | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date (Month/Day/Year) | |