


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90066 050 \*\*\*158.75

**DOCUMENT # F80643**

1. Entity Name  
**GELARDI, INC.**



Principal Place of Business  
**GULF COAST TRANSIT**  
**1442 SE 16TH PL**  
**CAPE CORAL, FL 33990 US**

Mailing Address  
**GULF COAST TRANSIT**  
**1442 SE 16TH PL**  
**CAPE CORAL, FL 33990 US**

**40099125**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04132007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number  
**59-2210638**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GELARDI, MICHAEL J**  
**1442 SE 16TH PL**  
**CAPE CORAL, FL 33990**

7. Name and Address of New Registered Agent  
 Name **BRIAN JURKOWSKI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1442 S.E. 16<sup>th</sup> PL**  
 City **CAPE CORAL** FL Zip Code **33990**

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 the registered agent.

SIGNATURE **BRIAN JURKOWSKI** **PRESIDENT** DATE **4/21/07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VPD	GELARDI, MICHAEL	6448 GRIFFIN BLVD	FORT MYERS, FL 33908	<input checked="" type="checkbox"/>
S	GELARDI, MICHAELS	6498 GRIFFIN BLVD	FORT MYERS, FL 33908	<input checked="" type="checkbox"/>
T	GELARDI, JACQUELINE M	5383 FAIRFIELD WAY	FT MYERS, FL	<input checked="" type="checkbox"/>
P	GELARDI, MICHAEL S	6064 TIMBERWOOD CIR	FT MYERS, FL	<input checked="" type="checkbox"/>
TR	GELARDI, CHRISTINE M	5389 FAIRFIELD WAY	FT MYERS, FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
(PD)	BRIAN JURKOWSKI	5215 CALUSA CT	CAPE CORAL, FL 33904	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(V)	DEBBIE JURKOWSKI	5215 CALUSA CT	CAPE CORAL, FL 33904	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(T)	TREVOR JURKOWSKI	5215 CALUSA CT	CAPE CORAL, FL 33904	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(S)	SARAH JURKOWSKI	5215 CALUSA CT	CAPE CORAL, FL 33904	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **BRIAN JURKOWSKI** DATE: **4/21/07** DAYTIME PHONE: **239 772-8206**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #