2005 FOR PROFIT CORPORATION ANNUAL REPORT

3

FILED
Apr 20, 2005 8:00 am
Secretary of State
03-29-2005 90026 018 ***150.00

DOCUMENT # H50686

1. Entity Name
G & R BUILDERS OF DISTINCTION, INC.

Principal Place of Business	Mailing Address
325 LAUREL ROAD NOKOMIS, FL 34275	325 LAUREL ROAD NOKOMIS, FL 34275

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2562488
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BATTAGLIA, GARRY
325 LAUREL ROAD
NOKOMIS, FL 34275

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $500.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BATTAGLIA, GARRY
STREET ADDRESS	P O BOX 522 N/A 1
CITY-ST-ZIP	LAUREL, FL
TITLE	V
NAME	BATTAGLIA, JOSEPH
STREET ADDRESS	301 HAMMOCK TERRACE
CITY-ST-ZIP	VENICE, FL 34293
TITLE	V
NAME	BATTAGLIA, JAMES
STREET ADDRESS	805 CHURCH ST
CITY-ST-ZIP	NOKOMIS, FL
TITLE	ST
NAME	BATTAGLIA, ROSEANNE
STREET ADDRESS	PO BOX 522
CITY-ST-ZIP	LAUREL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Garry Battaglia 4/14/05 941-484-7791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #