

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000004160

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** GASKET MASTERS OF S.W. FLORIDA, INC.

**Current Principal Place of Business:**

12009 EDWARDS RD  
PORT CHARLOTTE, FL 33981

**New Principal Place of Business:**

**Current Mailing Address:**

12009 EDWARDS RD  
PORT CHARLOTTE, FL 33981

**New Mailing Address:**

FEI Number: 56-2429701

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GASKET MASTERS OF SW FL., INC.  
12009 EDWARDS RD  
PORT CHARLOTTE, FL 33981 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BACON, ROBERT J IV  
Address: 12009 EDWARDS RD  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: D  
Name: BACON, BARBARA A  
Address: 12009 EDWARDS RD  
City-St-Zip: PORT CHARLOTTE, FL 33981

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 J. BACON IV

D

03/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date