2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 20 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000156551

1. Entity Name
GEMSTAR CONTRACTORS INC.

Principal Place of Business	Mailing Address
3947 FORSYTH ROAD WINTER PARK, 32792 US	3947 FORSYTH ROAD WINTER PARK, 32792 US

09142007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5856 Pine Grove	5856 Pine
Suite, Apt. #, etc.: Run	Suite, Apt. #, etc.: Grove Run
City & State: Oviedo Fl.	City & State: Oviedo Fl
Zip: 32765 Country: USA	Zip: 32765 Country: USA

4. FEI Number 75-322-8061 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, MEGHON M 3947 FORSYTH ROAD WINTER PARK, FL 32792	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JONES, MEGHON 3947 FORSYTH ROAD WINTER PARK, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jones, Meghon 5856 Pine Grove Run Oviedo Fl 32765	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HENRY, KAREN D 3947 FORSYTH ROAD WINTER PARK, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000109759930 09/21/07--01052--001 **158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WATTS, JOSEPH R 5356 CHISWICK CIRCLE ORLANDO, FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: M Jones 09 / 10 / 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/25/07