

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V32339

FILED  
Jan 11, 2010  
Secretary of State

Entity Name: GASKETEERS, INC.

**Current Principal Place of Business:**

4020 TURNBERRY CT  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 350757  
JACKSONVILLE, FL 32235 US

**New Mailing Address:**

FEI Number: 04-3794813      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FIELDS, MAUREEN E  
4020 TURNBERRY CT.  
JACKSONVILLE, FL 32225 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ADM  
Name: FIELDS, ZACHARY R SR.  
Address: 4020 TURNBERRY CT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: P  
Name: FIELDS, MAUREEN E  
Address: 4020 TURNBERRY CT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: T  
Name: FIELDS, ZACHARY R JR.  
Address: 7825 GULF BOULEVARD  
City-St-Zip: ST. PETE BEACH, FL 33706

Title: S  
Name: BUSH, BLAIR E  
Address: 5462 PARK STREET  
City-St-Zip: JACKSONVILLE, FL 32205

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: MAUREEN E. FIELDS

PRES

01/11/2010

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

\_\_\_\_\_ Date