

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000004160

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

**Current Principal Place of Business:**

12009 EDWARDS RD  
PORT CHARLOTTE, FL 33981

**Current Mailing Address:**

12009 EDWARDS RD  
PORT CHARLOTTE, FL 33981

**FEI Number: 56-2429701**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

Title D  
Name BACON, ROBERT JIV  
Address 12009 EDWARDS RD  
City-State-Zip: PORT CHARLOTTE FL 33981

Title D  
Name BACON, BARBARA A  
Address 12009 EDWARDS RD  
City-State-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: BARBARA A BACON**

**D**

**02/20/2014**

Electronic Signature of Signing Officer/Director Detail

Date