

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90093 027 ***150.00

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01162007 Chg-P CR2E034 (12/06)

DOCUMENT # 314410					
1. Entity Name GEM-SEAL, INC.					
Principal Place of Business 5201 CAUSEWAY BLVD TAMPA, FL 33619			Mailing Address P.O. BOX 75437 TAMPA, FL 33675		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1205173	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARIANI, GEORGE E JR 5201 CAUSEWAY BLVD TAMPA, FL 33619				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARIANI, TIMOTHY K		NAME		
STREET ADDRESS	5201 CAUSEWAY BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33619		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARIANI, GEORGE E JR		NAME		
STREET ADDRESS	5201 CAUSEWAY BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33619		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	OFFICER DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIANI, TIMOTHY		NAME	SUSAN CASTLE	
STREET ADDRESS	5201 CAUSEWAY BLVD		STREET ADDRESS	5201 CAUSEWAY BLVD	
CITY-ST-ZIP	TAMPA, FL 33919		CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	VPMD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARIANI, CHRISTOPHER C		NAME		
STREET ADDRESS	5201 CAUSEWAY BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33619		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMITZ, BARBARA M		NAME		
STREET ADDRESS	5201 CAUSEWAY BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33619		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			Date: 1/24/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 813-623-3941		