


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90011 022 \*\*\*150.00

**DOCUMENT # 359567**  
 1. Entity Name  
**GENERAL CAULKING & COATINGS CO., INC.**




Principal Place of Business      Mailing Address  
 20444 NE 15 CT      20444 NE 15 CT  
 MIAMI, FL 33179-2708      MIAMI, FL 33179-2708

**44015429**

2. Principal Place of Business      3. Mailing Address  
**101 N.W. 176th Street**      **101 N.W. 176th Street**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Miami, FL**      **Miami, FL**  
 Zip      Country      Zip      Country  
**33169**      **USA**      **33169**      **USA**



02182004      Chg-P      CR2E034 (10/03)  
 4. FEI Number      Applied For  
**59-1284060**      Not Applicable  
 5. Certificate of Status Desired            \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 ANDREWS, HORACE, JR  
 13320 SW 16 CT  
 DAVIE, FL 33325

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KANISTRAS, GEORGE 605 CHAPMAN RD OVIEDO, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KANISTRAS, GEORGE 605 CHAPMAN RD OVIEDO, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREWS, HORACE S, JR 13320 SW 16 CT DAVIE, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOWNSON, TERRY 321 SALINAS DRIVE PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ENGELKE, MICHAEL 6829 VERONESE ST. CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** HORACE S. ANDREWS, JR. PRESIDENT      MARCH 1, 2004      305 652 1020  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
SIGNATURE OF OFFICER OR DIRECTOR      Date      Daytime Phone #