

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90171 007 \*\*\*158.75

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



Principal Place of Business      Mailing Address  
 101 N.W. 176TH STREET      101 N.W. 176TH STREET  
 MIAMI, FL 33169 US      MIAMI, FL 33169 US

**40028394**



03032005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	TD
NAME	KANISTRAS, GEORGE
STREET ADDRESS	605 CHAPMAN RD
CITY-ST-ZIP	OVIEDO, FL 00000,
TITLE	SD
NAME	KANISTRAS, GEORGE
STREET ADDRESS	605 CHAPMAN RD
CITY-ST-ZIP	OVIEDO, FL 00000,
TITLE	PD
NAME	ANDREWS, HORACE S, JR
STREET ADDRESS	13320 SW 16 CT
CITY-ST-ZIP	DAVIE, FL 00000,
TITLE	VD
NAME	TOWNSON, TERRY
STREET ADDRESS	315 Bravado Ln. Palm Beach Shores, FL
CITY-ST-ZIP	321 CALINAS DRIVE PALM BEACH GARDENS, FL 33410      33404
TITLE	V
NAME	ENGELKE, MICHAEL
STREET ADDRESS	6829 VERONESE ST.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 any other like empowered.

SIGNATURE: *Horace S. Andrews, Jr.*      3/4/05      305)652-1020  
 \_\_\_\_\_      Date      Daytime Phone #

Horace S. Andrews, Jr., President