


**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

06 JUL 11 PM 3:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 359567					
1. Entity Name GENERAL CAULKING & COATINGS CO., INC.					
Principal Place of Business 101 N.W. 176TH STREET MIAMI, FL 33169 US		Mailing Address 101 N.W. 176TH STREET MIAMI, FL 33169 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1284060	
				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		
ANDREWS, HORACE, JR 13320 SW 16 CT DAVIE, FL 33325			Name Engelke, Michael		
			Street Address (P.O. Box Number is Not Acceptable) 6829 Veronese Street		
			City Coral Gables		
			State FL		
			Zip Code 33146		
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 <i>Michael Engelke</i>		Michael Engelke		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25		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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KANISTRAS, GEORGE		NAME	600079231276	
STREET ADDRESS	605 CHAPMAN RD		STREET ADDRESS	08/01/06--01048--001 **\$61.25	
CITY-ST-ZIP	OVIEDO, FL 00000,		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KANISTRAS, GEORGE		NAME		
STREET ADDRESS	605 CHAPMAN RD		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 00000,		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDREWS, HORACE S. JR		NAME		
STREET ADDRESS	13320 SW 16 CT		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 00000,		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOWNSON, TERRY		NAME		
STREET ADDRESS	315 BRAVADO LANE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33404		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELKE, MICHAEL		NAME		
STREET ADDRESS	6829 VERONESE ST.		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Andrews, James C.	
STREET ADDRESS			STREET ADDRESS	1211 S.W. 129th Way	
CITY-ST-ZIP			CITY-ST-ZIP	Davie, FL 33325	
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: <i>Michael Engelke</i>		Michael Engelke		305-652-1020	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	