

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90038 034 ***158.75

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**

DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1284060

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ENGELKE, MICHAEL
6829 VERONESE STREET
CORAL GABLES, FL 33146**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 32745
CITY-ST-ZIP	OVIEDO, FL 00000
TITLE	SD
NAME	KANISTRAS, GEORGE
STREET ADDRESS	605 CHAPMAN RD 32745
CITY-ST-ZIP	OVIEDO, FL 00000
TITLE	VD
NAME	TOWNSON, TERRY
STREET ADDRESS	315 BRAVADO LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33404
TITLE	PD
NAME	ENGELKE, MICHAEL
STREET ADDRESS	6829 VERONESE ST.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VD
NAME	ANDREWS, JAMES C
STREET ADDRESS	1211 SW 129TH WAY
CITY-ST-ZIP	DAVIE, FL 33325
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07

Date

(305) 652-1020

Daytime Phone #

Michael Engelke, President