


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
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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	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

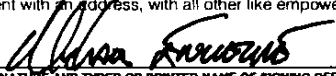
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KANISTRAS, GEORGE 605 CHAPMAN RD 32765 OVIEDO, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KANISTRAS, GEORGE 605 CHAPMAN RD 32765 OVIEDO, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOWNSON, TERRY 315 BRAVADO LANE WEST PALM BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGELKE, MICHAEL 6829 VERONESE ST. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDREWS, JAMES C 1211 SW 129TH WAY DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/4/07** **(305) 652-1020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michael Engelke, President