


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90112 038 ***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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-1284060		
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
ENGELKE, MICHAEL 6829 VERONESE STREET CORAL GABLES, FL 33146			Name Michael Engelke			
			Street Address (P.O. Box Number is Not Acceptable) 101 NW 176th Street			
			City Miami		State FL	Zip Code 33169
			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> 10 APR 08			SIGNATURE: Michael Engelke, President			
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)			
DATE			DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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			
STREET ADDRESS	605 CHAPMAN RD		STREET ADDRESS			
CITY-ST-ZIP	OVIEDO, FL 32765		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 32765		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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ENGELKE, MICHAEL		NAME			
STREET ADDRESS	6829 VERONESE ST.		STREET ADDRESS	101 NW 176th Street		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP	Miami, FL 33169		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ANDREWS, JAMES C		NAME			
STREET ADDRESS	1211 SW 129TH WAY		STREET ADDRESS			
CITY-ST-ZIP	DAVIE, FL 33325		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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> 10 APR 08			(305) 652-1020			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael Engelke, President			Date Daytime Phone #			