

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 359567

FILED
Apr 06, 2009
Secretary of State

Entity Name: GENERAL CAULKING & COATINGS CO., INC.

Current Principal Place of Business:

101 N.W. 176TH STREET
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

101 N.W. 176TH STREET
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 59-1284060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ENGELKE, MICHAEL
101 NW 176TH ST
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: KANISTRAS, GEORGE
Address: 605 CHAPMAN RD
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: KANISTRAS, GEORGE
Address: 605 CHAPMAN RD
City-St-Zip: OVIEDO, FL 32765

Title: VD () Delete
Name: TOWNSON, TERRY
Address: 315 BRAVADO LANE
City-St-Zip: WEST PALM BEACH, FL 33404

Title: PD () Delete
Name: ENGELKE, MICHAEL
Address: 101 NW 176TH ST
City-St-Zip: MIAMI, FL 33169

Title: VD () Delete
Name: ANDREWS, JAMES C
Address: 1211 SW 129TH WAY
City-St-Zip: DAVIE, FL 33325

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: KANISTRAS, TODD G
Address: 6563 LAKE CHARM CIRCLE
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ENGELKE

PD

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date