2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 441968

1. Entity Name
GOSLINE PLUMBING & SPRINKLER COMPANY, INC.

Principal Place of Business	Mailing Address
913 MONTEGO DR WEST PALM BEACH, FL 33415	913 MONTEGO DR WEST PALM BEACH, FL 33415

DO NOT WRITE IN THIS SPACE

04172008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1522704	Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, FRANK D
913 MONTEGO DR
W PALM BCH, FL 33415

—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, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, TIMOTHY ALLEN
STREET ADDRESS	4817 PINE CONE LN
CITY-ST-ZIP	W PALM BCH, FL

TITLE	TSD
NAME	DAVIS, FRANK
STREET ADDRESS	913 MONTEGO DRIVE
CITY-ST-ZIP	W PALM BEACH, FL 00000,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000915304
05/09/08-80009-021 150.00

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: _Frank D. Davis_   FRANK D. DAVIS   4/17/08   561-718-9798

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