.2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2005 08:00 AM **DOCUMENT # 466925 Secretary of State** 1. Entity Name G. G. SAILS & CANVAS, INC. Principal Place of Business ____ Mailing Address 3411 SE DIXIE HWY STUART FL 34997 3411 SE DIXIE HWY STUART FL 34997 3. Mailing Address 2. Principal Place of Business_ Suite Apt # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 59-1565686 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIOIA, JAMES Street Address (P.O. Box Number is Not Acceptable) 3411 SE DIXIE HWY STUART FL 34997 Zip Code 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agont and little if applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. FILLE 01/28/05-80063-024-1940e 00 - Addition Itii F Delete JAMES A. GIOIA NAME 3411 SE DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL CITY-ST-ZIP Change Addition THLE ☐ Delete TIMPANO, DAVE NAME 2484 SE WASHINGTON ST STREET ADDRESS CUREFU ADDRESS STUART FL CITY ST ZIF CITY ST-7IP Change | ☐ Addition TITLE THLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - \$1 - ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition HILE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST- OF CITY ST-ZIP TITLE ☐ Change ☐ Addition HHE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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.

FILED