


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 489524 1. Entity Name GEM SUPPLY COMPANY	
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Principal Place of Business 1312 W. WASHINGTON STREET ORLANDO, FL 32805	Mailing Address 1312 W. WASHINGTON STREET ORLANDO, FL 32805
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**DO NOT WRITE IN THIS SPACE**



03022006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-1633718	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OWENS, PAUL D.  
1312 W. WASHINGTON STREET  
ORLANDO, FL 32805

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	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	STD CROWDER, MARY O STD 633 RIDGEWOOD ST ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENS, PAUL D. 718 N. LAKE FORMOSA ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OWENS, MOLLY K 718 N. LAKE FORMOSA ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/16/06-80049-014 150.00

**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:  3-02-06 107-8496153

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