

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jul 09, 2004 08:00 AM

Secretary of State

DOCUMENT # F00000002464

1. Entity Name

G.F. STRUCTURES CORPORATION



Principal Place of Business

**4655 W. ARTHINGTON STREET
CHICAGO, IL 60644**

Mailing Address

**4655 W. ARTHINGTON STREET
CHICAGO, IL 60644**

DO NOT WRITE IN THIS SPACE



07022004

No Chg-P

CR2E034 (10/03)

4. FEI Number

36-3315275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRANDALL, RICHARD C JR
6581 SE HARBOR CIRCLE
STUART, FL 34996**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000164748
07/09/04-80002-007 558.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PC
CRANDALL, RICHARD C JR.
4655 W. ARTHINGTON STREET
CHICAGO, IL 60644**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
LUSK, MICHAEL J
11937 SHANNON COURT
ORLAND PARK, IL 60467**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
COCONATO, DONNA J
868 CHANCELL CIRCLE
GLEN ELLYN, IL 60137**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/04

Date

773-626-4122

Daytime Phone #