

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000004149

1. Entity Name  
GOTWALS ASSOCIATES, INC.



Principal Place of Business

P.O. BOX 56  
OLEY, PA 19547

Mailing Address

P.O. BOX 56  
OLEY, PA 19547



07012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-3011358

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
GOTWALS, ROBERT S  
12 GOTWALS LANE  
OLEY, PA 19547

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
GOTWALS, WILLIAM S  
12 GOTWALS LANE  
OLEY, PA 19547

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
GOTWALS, R. BRENT  
12 GOTWALS LANE  
OLEY, PA 19547

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
GOTWALS, BRADLEY W  
12 GOTWALS LANE  
OLEY, PA 19547

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
RITTENHOUSE, DENNIS R  
12 GOTWALS LANE  
OLEY, PA 19547

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
ROYER, STEVE M  
12 GOTWALS LANE  
OLEY, PA 19547

**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 119.07(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

Date

Daytime Phone #

7-705

610-987-6281