

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F05000003826

1. Entity Name

V.J. GAUTIERI CONSTRUCTORS, INC.



FILED
Apr 03, 2007 08:00 AM
Secretary of State

Principal Place of Business
45 LIBERTY STREET
BATAVIA NY 14020

Mailing Address
P.O. BOX 322
BATAVIA NY 14021



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 16-1297560

Applied For
Not Applicable

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when restoring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME GAUTIERI, VITO J
STREET ADDRESS 11246 ALEXANDER ROAD
CITY-STATE-ZIP ATTICA NY 14011

TITLE VPS ☐ Delete
NAME GAUTIERI, VICTOR J
STREET ADDRESS 1300 MAXON ROAD
CITY-STATE-ZIP ATTICA NY 14011

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
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CITY-STATE-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
000000687895
04/10/07-80058-002 150.00

☐ Change ☐ Addition
NAME
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STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR J. GAUTIERI

3/29/07

Date

Daytime Phone #