


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90147 031 \*\*\*158.75

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # F91268</b><br>1. Entity Name<br><b>CONTINENTAL STRUCTURES, INC.</b>  |  |  |   |    |  |
| Principal Place of Business<br><b>3340 SCHERER DRIVE</b><br><b>ST. PETERSBURG, FL 33716 US</b>   |  |  | Mailing Address<br><b>3340 SCHERER DRIVE</b><br><b>ST. PETERSBURG, FL 33716 US</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>4500-140th Ave. No.</b>   |  | 3. Mailing Address<br><b>4500-140th Ave. No.</b>   |   |   |  |
| Suite, Apt. #, etc.<br><b>SUITE 109</b>  |  | Suite, Apt. #, etc.<br><b>SUITE 109</b>  |   |   |  |
| City & State<br><b>CLEARWATER FL.</b>  |  | City & State<br><b>CLEARWATER, FL.</b>   |   |   |  |
| Zip<br><b>33762</b>  | Country<br><b>USA</b>  | Zip<br><b>33762</b>  | Country<br><b>USA</b>   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GEHRAND, WILLIAM A</b><br><b>3340 SCHERER DRIVE</b><br><b>ST. PETERSBURG, FL 33716</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>GERALD GEHRAND</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4500-140th Ave. No. SUITE 109</b><br>City <b>CLEARWATER</b> <b>FL</b> Zip Code <b>33762</b> |   |  |
| 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.<br>SIGNATURE <u><i>[Signature]</i></u> <b>Sec. TREAS.</b> <span style="float: right;">DATE <b>04-03-2007</b></span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br><b>HOUK, FLORENCE</b> <input checked="" type="checkbox"/> Delete<br><b>3340 SCHERER DRIVE</b><br><b>ST. PETERSBURG, FL 33716</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br><b>GEHRAND, WILLIAM A</b> <input type="checkbox"/> Delete<br><b>3340 SCHERER DRIVE</b><br><b>ST. PETERSBURG, FL 33716</b>        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>4500-140th Ave. No. SUITE 109</b><br><b>CLEARWATER, FL. 33762</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br><b>GEHRAND, GERALD</b> <input type="checkbox"/> Delete<br><b>3340 SCHERER DRIVE</b><br><b>ST. PETERSBURG, FL 33716</b>          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>4500-140th Ave. No. SUITE 109</b><br><b>CLEARWATER, FL. 33762</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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: <u><i>[Signature]</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | 04-03-2007 727-709-3224<br><small>Date Daytime Phone #</small>  |   |  |

40051320



02152007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2218099**

Applied For  
Not Applicable

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