

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90420 005 \*\*\*150.00

**DOCUMENT # H50686**

1. Entity Name  
**G & R BUILDERS OF DISTINCTION, INC.**



Principal Place of Business  
**325 LAUREL ROAD  
NOKOMIS, FL 34275**

Mailing Address  
**325 LAUREL ROAD  
NOKOMIS, FL 34275**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122008

Chg-P

CR2E034 (11/05)

4. FEI Number  
**59-2562488**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**BATTAGLIA, GARRY  
325 LAUREL ROAD  
NOKOMIS, FL 34275**

## 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 if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BATTAGLIA, GARRY</b>	
STREET ADDRESS	<b>P O BOX 522 N/A</b>	
CITY-ST-ZIP	<b>LAUREL, FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BATTAGLIA, JOSEPH</b>	
STREET ADDRESS	<b>301 HAMMOCK TERRACE</b>	
CITY-ST-ZIP	<b>VENICE, FL 34293</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BATTAGLIA, JAMES</b>	
STREET ADDRESS	<b>805 CHURCH ST</b>	
CITY-ST-ZIP	<b>NOKOMIS, FL</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BATTAGLIA, ROSEANNE</b>	
STREET ADDRESS	<b>PO BOX 522</b>	
CITY-ST-ZIP	<b>LAUREL, FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P/S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Garry Battaglia Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/06 - 941-484-7791**  
Date Daytime Phone #