

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90185 022 ***150.00

DOCUMENT # H58453

1. Entity Name
G & P SUPPLY CORPORATION



Principal Place of Business
**14115 63RD WAY NORTH
CLEARWATER, FL 34620 US**

Mailing Address
**14115 63RD WAY NORTH
CLEARWATER, FL 34620 US**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2619572

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SWOBODA, RUDOLF G.
8338 36TH AVE N
SAINT PETERSBURG, FL 33710**

**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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MEYER, ARNFRIED
STREET ADDRESS	5925 BAYOU GRANDE BLVD
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	PST
NAME	MEYER, ARNFRIED
STREET ADDRESS	5925 BAYOU GRANDE BLVD
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	ATS
NAME	GEBHARDT, HANNELORE
STREET ADDRESS	5925 BAYOU GRANDE BLVD
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	VP
NAME	GEBHARDT, HANNELORE
STREET ADDRESS	5925 BAYOU GRANDE BLVD
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	VP
NAME	SWOBODA, RUDOLF G
STREET ADDRESS	8336 36TH AVE N.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
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 119.07(3)(i), 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

RUDOLF G. SWOBODA

Date

Daytime Phone #