

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90051 015 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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**

00000200



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2619572

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 reappointing)

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 NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, ARNFRIED 5925 BAYOU GRANDE BLVD ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MEYER, ARNFRIED 5925 BAYOU GRANDE BLVD ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATS GEBHARDT, HANNELORE 5925 BAYOU GRANDE BLVD ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEBHARDT, HANNELORE 5925 BAYOU GRANDE BLVD ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWOBODA, RUDOLF G 8338 36TH AVE N. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SWOBODA

Date

1/17/06 (727) 384-6348

Daytime Phone #