2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # H58453

1. Entity Name
G & P SUPPLY CORPORATION

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

04252008 No Chg-P CR2E034 (11/05)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000928074
05/21/08-80014-021 150.00

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 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: RUDOLF G SWOBODA VP 4/25/08 (727)381-6348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #