

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90120 050 ***150.00

DOCUMENT # H74995

1. Entity Name

GANNAWAY BUILDERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3047 Glenwood Court

Suite, Apt. #, etc.

3. Mailing Address

3047 Glenwood Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Safety Harbor, FL

City & State

Safety Harbor, FL

4. FEI Number

59-2732943

Applied For

Not Applicable

Zip 34695

Country

Pinellas

Zip 34695

Country

Pinellas

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

D & B Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

5999 Central Avenue

Suite 202

City

St. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution** ☐

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

11. OFFICERS AND DIRECTORS

TITLE DP Guy Gannaway
NAME 3047 Glenwood Court
STREET ADDRESS Safety Harbor, FL 34695
CITY-ST-ZIP

TITLE DS Shelly Gannaway
NAME 3047 Glenwood Court
STREET ADDRESS Safety Harbor, FL 34695
CITY-ST-ZIP

TITLE VP Roger Edwards
NAME 3047 Glenwood Court
STREET ADDRESS Safety Harbor, FL 34695
CITY-ST-ZIP

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guy Gannaway

3/14/03

727 384 5999

Daytime Phone #