2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J17976

1. Entity Name
GUY GUDVANGEN PLASTERING, INC.

Principal Place of Business	Mailing Address
12171 COYLE RD FT MYERS, FL 33905 US	12171 COYLE RD CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

02212007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2683145	Not Applicable

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

6. Name and Address of Current Registered Agent

WILKERSON, JEAN M.
4355 HANCOCK BRIDGE PKWY
NORTH FORT MYERS, FL 33903

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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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUDVANGEN, GUY
STREET ADDRESS	12171 COYLE RD
CITY-ST-ZIP	FT MYERS, FL 33905

TITLE	VS
NAME	GUDVANGEN, DAWN
STREET ADDRESS	12171 COYLE RD
CITY-ST-ZIP	FT MYERS, FL 33905

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/07-80029-013 150.00

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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: 4-16-07   239-470-7683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #