2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L15824

1. Entity Name
SEAN M. GERRITS, INC.

Principal Place of Business	Mailing Address
6844 N CITRUS AVE P.O. BOX 581 CRYSTAL RIVER, FL 34428 US	PO BOX 581 P.O. BOX 581 CRYSTAL RIVER, FL 34423 US

01242007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2968340
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GERRITS, SEAN M
9341 W. TOM MASON DRIVE
CRYSTAL RIVER, FL
CRYSTAL RIVER, FL 34428

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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 _____ 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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GERRITS, SEAN M
STREET ADDRESS	9341 W TOM MASON DR
CITY-ST-ZIP	CRYSTAL RIVER, FL
TITLE	VP
NAME	LEE, RUSSELL P
STREET ADDRESS	2061 N.W. 15TH ST
CITY-ST-ZIP	CRYSTAL RIVER, FL
TITLE	ST
NAME	RASH, MICHAEL B
STREET ADDRESS	6597 N SAN JUAN TERR
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	VP
NAME	TILLBERG, ROBERT L.
STREET ADDRESS	275 N. CONRAD AVE.
CITY-ST-ZIP	LECANTO, FL 34464
TITLE	VP
NAME	MANN, DAVID
STREET ADDRESS	359 S. GARDENIA TERRACE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/05/07-80012-025 150.00

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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: _____ 2-21-07 352-795-7170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #