

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L39666

1. Entity Name

GULL TOOL & MACHINE, INC.



Principal Place of Business

3033 47 AVE N
ST. PETERSBURG FL 33714

Mailing Address

3033 47 AVE N
ST. PETERSBURG FL 33714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-2981478

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRANE, DONALD B.
504 PASADENA AVENUE SOUTH
ST. PETERSBURG FL 33707

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVP ☐ Delete
NAME GILL, JOHN W.
STREET ADDRESS 3000 58TH AVE NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33714

TITLE ☐ Change ☐ Add
NAME **U00000526709**
STREET ADDRESS **05/04/06-80082-024 150.00**
CITY-ST-ZIP

TITLE S ☐ Delete
NAME GILL, BILLIE R
STREET ADDRESS 301 JULIA CIRCLE SOUTH
CITY-ST-ZIP SAINT PETERSBURG FL 33706

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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