

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # M93198**

1. Entity Name  
**GULFSTREAM FOLIAGE IMPORTS, INC.**



Principal Place of Business  
**2636 KELLY PARK ROAD  
APOPKA, FL 32712 US**

Mailing Address  
**P.O. BOX 2448  
APOPKA, FL 32704-2448 US**



02012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2905472</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BRASS, DREW E.  
1121 OAK POINT CIRCLE  
APOPKA, FL 32712**

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

**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

U00000627854  
02/15/07-80075-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	BRASS, DREW E.
STREET ADDRESS	1121 OAK POINT CIR
CITY-ST-ZIP	APOPKA, FL

TITLE	VS
NAME	BRASS, SHARON K.
STREET ADDRESS	1121 OAK POINT CIR
CITY-ST-ZIP	APOPKA, FL

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	

**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:** DREW E. BRASS **2-2-07** **407-880-4770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #