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Secretary of State
06-02-2008 90003 024 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000063421

1. Entity Name
GILSTRAP & ASSOCIATES INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: ~~P.O. BOX 15~~ 6767 SR 21
Suite, Apt. #, etc.: Suite 6
City & State: KEYSTONE HEIGHTS, FL
Zip: 32656
Country:

3. Mailing Address: PO Box 15
Suite, Apt. #, etc.
City & State: Same
Zip:
Country:

4. FEI Number: 59-3761242 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: GILSTRAP, HAROLD
Street Address (P.O. Box Number is Not Acceptable): 8499 LILLY LAKE RD
City: MELROSE FL Zip Code: 32666

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: ______ 2-3-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILSTRAP, HAROLD
STREET ADDRESS	8499 LILLY LAKE RD
CITY-ST-ZIP	MELROSE, FL 32266
TITLE	D
NAME	GILSTRAP, KIM
STREET ADDRESS	8499 LILLY LAKE RD
CITY-ST-ZIP	MELROSE, FL 32266
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	

11. 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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD GILSTRAP 5/1/2008 352 473-5770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #