

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
6/ Jul 10, 2008 8:00 am
Secretary of State

06-02-2008 90003 024 ***150.00

DOCUMENT # P01000063421

1. Entity Name

GILSTRAP & ASSOCIATES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. BOX 15- 676 TSK 21		3. Mailing Address PO Box 15	
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc.	
City & State KEYSTONE HEIGHTS, FL		City & State Same	
Zip 32656	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

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

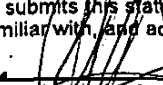
7. Name and Address of Current Registered Agent

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  **DATE** 7-3-08

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

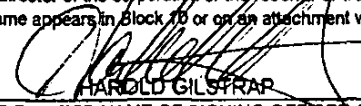
January 1st - May 1st Fee is \$150.00
After May 1st Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILSTRAP, HAROLD 8499 LILLY LAKE RD MELROSE, FL 32266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILSTRAP, KIM 8499 LILLY LAKE RD MELROSE, FL 32266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **DATE** 5/1/2008 **Daytime Phone #** 352 473-5770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR