


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000043584</b> 1. Entity Name L GEM TOOLS, INC.	
---	---

Principal Place of Business 8220 LILLIAN HWY. PENSACOLA, FL 32506	Mailing Address 8220 LILLIAN HWY. PENSACOLA, FL 32506
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0677084	Applied For 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  CHASE, JAMES L 101 EAST GOVERNMENT ST. PENSACOLA, FL 32501
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCLEASE, JOSEPH L 8220 LILLIAN HWY PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, GARY L 8220 LILLIAN HWY PENSACOLA, FL 32508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SEALEASE, ANTHONY E 8220 LILLIAN HWY PENSACOLA, FL 32508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000926564 05/20/08-80070-011 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
---

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:**  **4/23/08** **850.456.9493**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ANTHONY E SEALEASE