


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P03000084293 1. Entity Name GILLETTE MASONRY CONTRACTING, INC. |  |
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| Principal Place of Business 4036 FONTIANBLEAU STREET NORTH PORT, FL 34287 US | Mailing Address 4036 FONTIANBLEAU STREET NORTH PORT, FL 34287 US |
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01132006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 02-0702906 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 |
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**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 _____
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

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

U000000444100
03/06/06-80038-020 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GILLETTE, JOHN A 4036 FONTIANBLEAU STREET NORTH PORT, FL 34287 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAMPLES, REGINA 4036 FONTIANBLEAU STREET NORTH PORT, FL 34287 |
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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: _____

John Gillette John Gillette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-06
Date

941-426-5076
Daytime Phone #