

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90029 036 \*\*\*150.00

DOCUMENT # P03000099601

1. Entity Name  
BRUCE GILLESPIE PAINTING, INC.



Principal Place of Business  
12057 ELDRON STREET  
SPRING HILL, FL 34608

Mailing Address  
12057 ELDRON STREET  
SPRING HILL, FL 34608

50017615



2. Principal Place of Business

5369 Mosquero Rd

3. Mailing Address

5369 Mosquero Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312005

Chg-P

CR2E034 (10/03)

City & State

Spring Hill, FL

City & State

Spring Hill, FL

4. FEI Number

20-0203565

Applied For

Not Applicable

Zip

34606

Country

USA

Zip

34606

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILLESPIE, BRUCE M  
12057 ELDRON STREET  
SPRING HILL, FL 34608

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5369 Mosquero Rd

City

Spring Hill

FL

Zip Code

34606

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P.	<input type="checkbox"/> Delete
NAME	GILLESPIE, BRUCE M	
STREET ADDRESS	12057 ELDRON STREET	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	V	<input type="checkbox"/> Delete
NAME	GILLESPIE, SHARON L	
STREET ADDRESS	12057 ELDRON STREET	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLESPIE, KEIRON	
STREET ADDRESS	12057 ELDRON ST.	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5369 Mosquero Rd	
STREET ADDRESS	Spring Hill, FL 34606	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5369 Mosquero Rd	
STREET ADDRESS	Spring Hill, FL 34606	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5369 Mosquero Rd	
STREET ADDRESS	Spring Hill, FL 34606	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bruce Gillespie* Bruce Gillespie

2/16/05

352 688 7512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #