

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90026 029 ***158.75

DOCUMENT # P03000136134

1. Entity Name

G.C.CORL CARPENTRY, CORP.



Principal Place of Business

2100 AVE A
APT.15
FLAGLER BEACH FL 32136

Mailing Address

PO BOX 221
FLAGLER BEACH FL 32136

2. Principal Place of Business

4903 Tan St.

Suite, Apt. #, etc.

3. Mailing Address

4903 Tan St.

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32258

Country

USA

City & State

Jacksonville FL

Zip

32258

Country

USA

4. FEI Number

20-0404858

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORL, GILBERT C
5906 JOHN ANDERSON HWY
APT.A5
FLAGLER BEACH FL 32136

7. Name and Address of New Registered Agent

Name: Corl, Gilbert C.

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

4903 Tan St.

City

Jacksonville

FL

Zip Code
32258

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

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	P	<input type="checkbox"/> Delete
NAME	CORL, GILBERT C	
STREET ADDRESS	2100 AVE A FLAGLER BEACH, UNIT 15	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	

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
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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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Corl, Gilbert C.	
STREET ADDRESS	4903 Tan St	
CITY-ST-ZIP	Jacksonville, FL 32258	

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		

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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 exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-06

Date

386-586-8233

Daytime Phone #