

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-26-2006 90016 024 ***150.00

DOCUMENT # P03000142949

1. Entity Name
GERARD SHIELS PAINTING, INC.



Principal Place of Business
**709 SW 75TH ST
APT 102
GAINESVILLE, FL 32607**

Mailing Address
**709 SW 75TH ST
APT 102
GAINESVILLE, FL 32607**

66020756



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0385553

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHIELS, GERARD
709 SW 75TH ST., UNIT 102
GAINESVILLE, FL 32607**

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
SHIELS, GERARD
709 SW 75TH ST., UNIT 102
GAINESVILLE, FL 32607**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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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:

Gerard Shiel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/06
Date

Daytime Phone



ATTACHMENT
616030756
Division of Corporations

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Document Number

P03000142949

Business Entity Name

GERARD SHIELS PAINTING, INC.

FEI Number

200385553

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No**Principal Place of Business**

Address **709 SW 75TH ST**
Suite, Apt. #, etc. **APT 102**
City, State **GAINESVILLE**, **FL**
Zip Code & Country **32607**

Mailing Address

Address **709 SW 75TH ST**
Suite, Apt. #, etc. **APT 102**
City, State **GAINESVILLE**, **FL**
Zip Code & Country **32607**

Name and Address of Registered AgentName (Last, First, Middle, Title) **SHIELS** **GERARD****- OR -**

Business to serve as RA

Address (PO Box is not acceptable) **709 SW 75TH ST., UNIT 102**

Suite, Apt. #, etc.

City, State **GAINESVILLE**, **FL**Zip Code & Country **32607** **US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/> SHIELS <input type="text"/> GERARD <input type="text"/> <input type="text"/>
- OR -	
Entity Name to serve as Officer/Director	<input type="text"/>
Street Address	<input type="text"/> 709 SW 75TH ST., UNIT 102
City, State	<input type="text"/> GAINESVILLE <input type="text"/> FL
Zip Code & Country	<input type="text"/> 32607 <input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- OR -	
Entity Name to serve as Officer/Director	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/> <input type="text"/>
Zip Code & Country	<input type="text"/> <input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- OR -	
Entity Name to serve as Officer/Director	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/> <input type="text"/>
Zip Code & Country	<input type="text"/> <input type="text"/>
Title	<input type="text"/>

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

owner

Officer/Director Signature

gerard p shiels

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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Division of Corporations

Annual Report

Payment Page

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Document Number # - P03000142949

The charge amount for your filing is \$150.00

Annual Reports are processed and posted within 24 to 48 hours of filing. Only corporations requesting a certificate of status will receive correspondence via the US Postal Service. We do not provide an e-mail acknowledgement.

In order to complete this transaction you must select one of the payment options listed below.

If you press the 'Credit Card Payment' button from this screen, you will be sent to the payment screen to be charged for this filing.

Credit Card Payment

Please select the option below only if you have an established Sunbiz E-File Account and wish to file your annual report using your account. If you enter an account number and password and press the 'Sunbiz E-file Account Payment' button from this screen, your account will be charged.

Sunbiz E-file account number

Password

E-mail Address

Sunbiz E-file Account Payment

Start Over

Sunbiz Home Page

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