


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # P03000145757 | |  |
| 1. Entity Name GILLESPIE BUILDERS, INC. | | |
| Principal Place of Business 7050 1ST ST SW VERO BEACH, FL 32968 | Mailing Address 7050 1ST ST SW VERO BEACH, FL 32968 | |

DO NOT WRITE IN THIS SPACE



05022005 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 20-0728746 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GILLESPIE, JOHN D
7050 1ST ST SW
VERO BEACH, FL 32968

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | PVST |
| NAME | GILLESPIE, JOHN D SR |
| STREET ADDRESS | P O BOX 2483 |
| CITY-ST-ZIP | VERO BEACH, FL 32960 |

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/05