## 2007 FOR PROFIT CORPORATION

## Aug 03, 2007 8:00 am Secretary of State **ANNUAL' REPORT** DOCUMENT # P03000157009 08-03-2007 90021 016 \*\*\*150.00 1. Entity Name GIL DRYWALL AND FINISHING, INC. Principal Place of Business Mailing Address 2005 ANCHOR LN. 2005 ANCHOR LN. LABELLE, FL 33935 LABELLE, FL 33935 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06012007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 86-1083750 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POLHEMUS, STEVEN J ESQ. 663 WEST COWVOY WAY Street Address (P.O. Box Number is Not Acceptable) LABELLE, FL 33975 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent a gnature required when refrestiting) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Delete THILE Change Addition GIL, J. RODOLFÖ NAME NAME 2005 ANCHOR LN. STREET ADDRESS STREET ADDRESS LABELLE, FL 33935 CITY-ST-ZIP CITY-ST-ZIP VSTD TITLE ☐ Delete THILE Change ☐ Addition GIL, VERONICA NAME NAME STREET ADDRESS 2005 ANCHOR LN. STREET ADDRESS LABELLE, FL 33935 CITY-ST-ZIP CITY-ST-2iP TITLE Defete me ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME

12. Thereby 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.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

	SIGNATURE:	V	ERC
-1	SIGNATURE:		

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

ONICA GIL

863-673-0437

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date

Daytime Phone #

☐ Change

☐ Addition

## ATTACHMENT 40128164

Gil Drywall and Finishing, Inc. 2005 Anchor Lane Labelle, Florida 33935 (863) 673-0437

Division of Corporations P.O. Box 6198 Tallahassee, Florida 32314

June 6, 2007

RE: 2007 Uniform Business Report

Doc # <del>P03</del>000157009

Dear Sir or Madam:

Please abate the late filing penalty for our corporation, we did not receive the first notice, due to a problem with our local post office.

Thank you for your consideration in this matter.

Sincerely.

Veronica Gil, Secretary/Treasurer