


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90040 001 ***150.00

DOCUMENT # P04000047698

1. Entity Name
GULF PLASTERING, INC.



Principal Place of Business Mailing Address

28210 OLD 41 RD 28210 OLD 41 RD
 #307 #307
 BONITA SPRINGS, FL 34135 US BONITA SPRINGS, FL 34135 US

20006200



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

28210 Old 41 Road *28210 Old 41 Road*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
St #307 *St #307*

03122007 Chg-P CR2E034 (12/06)

City & State City & State

Bonita Springs, FL *Bonita Springs, FL*
 Zip Zip Country Country
34135 *34135* *U.S.* *U.S.*

4. FEI Number Applied For

51-0501072 Not Applicable

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

6. Name and Address of Current Registered Agent

NAVARA, TIRO J
 28210 OLD HI RD
 #307
 BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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 _____
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, 2007 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	NAVARA, TIRO J	
STREET ADDRESS	28210 OLD HI RD, #307	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	NAVARA, TIRO J	
STREET ADDRESS	28210 OLD HI RD, #307	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
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 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		
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 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: _____ *3/12/07* *239-390-9482*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #