


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90168 008 ***150.00

DOCUMENT # P04000066054 1. Entity Name GUY GELINAS CONSTRUCTION SERVICES, INC.	
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Principal Place of Business 1991 LENMORE ROAD PALM BEACH GARDENS, FL 33410	Mailing Address 1991 LENMORE ROAD PALM BEACH GARDENS, FL 33410
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DO NOT WRITE IN THIS SPACE

03172007 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1627289	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GELINAS, GUY
1991 LENMORE ROAD
PALM BEACH GARDENS, FL 33410

**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 retaining)

DATE

4-3-07

**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	VP
NAME	GELINAS, DARLENE
STREET ADDRESS	1991 LENMORE ROAD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	Secretary
NAME	Guy M. Gelinas, Jr.
STREET ADDRESS	1991 Lenmore Road
CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GUY GELINAS 4-3-07 561-744-7214