

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000084472

1. Entity Name
GASPARILLA CONSTRUCTION, INC.



Principal Place of Business
**207 CADDY RD
ROTONDA WEST, FL 33947**

Mailing Address
**207 CADDY RD
ROTONDA WEST, FL 33947**



03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3703133

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEAR, STACY
207 CADDY RD
ROTONDA WEST, FL 33947**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

U00000875157

114/11/08-80021-015 150:00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **WEAR, DANNY L**
STREET ADDRESS **207 CADDY RD**
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE **VP**
NAME **WEAR, STACY D**
STREET ADDRESS **207 CADDY RD**
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE
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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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08

941 815 1084

Date

Daytime Phone #