


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90324 010 ***158.75

DOCUMENT # P04000136910

1. Entity Name
GASPARILLA BUILDERS INC.



Principal Place of Business
**263 KINDRED BLVD.
 PORT CHARLOTTE, FL 33954 US**

Mailing Address
**263 KINDRED BLVD.
 PORT CHARLOTTE, FL 33954 US**

50010217

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
2339 Tamarind Street
 Suite, Apt. #, etc.

City & State
Port Charlotte FL

Zip Country
33948 Charlotte



03312006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1696774

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

6. Name and Address of Current Registered Agent
**DAVIS, JOHN E
 2339 TAMARIND STREET
 PORT CHARLOTTE, FL 33948**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D,P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JERAULD, WILLIAM		NAME		
STREET ADDRESS	263 KINDRED BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954		CITY-ST-ZIP		
TITLE	D,VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, JOHN		NAME		
STREET ADDRESS	2339 TAMARIND STREET		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP		
TITLE	D,S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAAS, EDWARD		NAME		
STREET ADDRESS	11091 MCFADDEN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: John E. Davis Date: 4-5-06 Daytime Phone #: 941 255-3002