


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

50010217

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **2339 Tamarind Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Port Charlotte FL
 Zip Country Zip Country
33948 **Charlotte**



03312006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-1696774 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

DAVIS, JOHN E
2339 TAMARIND STREET
PORT CHARLOTTE, FL 33948

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