

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136910

FILED  
Mar 01, 2009  
Secretary of State

Entity Name: GASPARILLA BUILDERS INC.

**Current Principal Place of Business:**

263 KINDRED BLVD.  
PORT CHARLOTTE, FL 33954 US

**New Principal Place of Business:**

**Current Mailing Address:**

19392 LAUZON AVE  
PORT CHARLOTTE, FL 33948 US

**New Mailing Address:**

FEI Number: 20-1696774      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, JOHN E  
19392 LAUZON AVE  
PORT CHARLOTTE, FL 33948 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D,P ( ) Delete  
Name: JERAULD, WILLIAM  
Address: 263 KINDRED BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: D,VP ( ) Delete  
Name: DAVIS, JOHN  
Address: 19392 LAUZON AVE  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN E DAVIS

VP

03/01/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date