## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000001411



**FILED** Jan 16, 2007 8:00 am Secretary of State

1. Entity Name D & G SEALCOATING AND STRIPING, INC.								01-16-2007 9	90185 046	o ***150.0	00
Principal Place of Business 17179-1 TERRAVERDE CIRCLE			Mailing Addres	Mailing Address PO ROX 1108			ሗህህህኯኯጥ~				
FT MYERS, FL 33908 ESTERO, FL 33928-1108							i längsti ei	Bacal aduk afini badu es	103 <b>08</b> 181 <b>8819</b> 1 171	EUR OKOBI HIDEN ALS	NICEL III EREL
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Addr	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			01092007	Chg-P	CR2E0	34 (12/06)	
City & State			City & State	City & State			4. FEI Number 20-212			<del></del>	oplied For of Applicable
Zip	Zip Country		Zip	Zip Count			5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Curre	nt Registered Agent	<u> </u>			7. Name and	Address of New	Registered /	Agent	
SHVW CV	VII D				Name						
SHAW, GAIL P 17179-1 TERRAVERDE CIRCLE FT MYERS, FL 33908					Street Add	dress (P	O. Box Numbe	er is Not Acceptab	ie) CVA	2	
i.							146125	<u> </u>	FL	Zip Coo	67
	named entity ions of regist	y submits this statement ered agent.	for the purpose of ch	nanging its regis	tered office or r	registere	ed agent, or bot		, ,		and accept
									/ / -	_	
SIGNATURE_	GOL Igneture, typed	or printed name of registered ag	ent and title if applicable.	(NOTE: Regis	THBUI tered Agent signature	e required	when reinstating)	///	3/39 DATE		<u>—</u>
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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: Quil P. Shaw	GAIL P.	SHALT (18	207 239-46	4-42-29
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI	CER OR DIRECTOR	Cete	Daytime Phone	•