

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90005 024 \*\*\*550.00

**DOCUMENT # P05000038001**

1. Entity Name  
**GARGOYLE SUPPORTS, INC.**



Principal Place of Business  
**505 EAST DAVIS BOULEVARD  
TAMPA, FL 33606 US**

Mailing Address  
**505 EAST DAVIS BOULEVARD  
TAMPA, FL 33606 US**

**50023527**

2. Principal Place of Business

**3212 N SANTIAGO ST**

Suite, Apt. #, etc.

**A**

City & State

**TAMPA, FL**

Zip

**33629**

Country

**UNITED STATES**

3. Mailing Address

**3212 N SANTIAGO ST**

Suite, Apt. #, etc.

**A**

City & State

**TAMPA, FL**

Zip

**33629**

Country

**UNITED STATES**

07022006

Chg-P

CR2E034 (11/05)

4. FEI Number

**20-2493199**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**AIRTH, HAL A JR  
500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPT  
HAZLEHURST, DAVID  
505 EAST DAVIS BOULEVARD  
TAMPA, FL 33606** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
POAGE, WILLIAM  
505 EAST DAVIS BOULEVARD  
TAMPA, FL 33606** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
DANNER, RICHARD JR.  
505 EAST DAVIS BOULEVARD  
TAMPA, FL 33606** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

**DAVID HAZLEHURST**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**25 JULY 06 903-299-9697**  
Date Daytime Phone #