

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90462 024 ***150.00

DOCUMENT # P05000092742

1. Entity Name

GOMAR FRAMING INC.



Principal Place of Business

304 E. BAKER ST.
SUITE D
PLANT CITY FL 33563

Mailing Address

P.O. BOX 82075
TAMPA FL 33682

2. Principal Place of Business

12723 N. Florida AVE
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 82075
Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, FL

Zip 33612

Country USA

Zip 33612

Country U.S.A

4. FEI Number

20-3081429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALDEN LAKE BUSINESS SERVICES INC.
304 E. BAKER ST.
SUITE D
PLANT CITY FL 33563

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 \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GONZALEZ, JOSE M
STREET ADDRESS 317 E. AZALEA AVE.
CITY-ST-ZIP TAMPA FL 33612

TITLE S ☐ Delete
NAME SALIH, MARY E
STREET ADDRESS P.O. BOX 82075
CITY-ST-ZIP TAMPA FL 33682

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mary E. Salih mary e. salih DA-14-06 813-931-9204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #