

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90007 028 \*\*\*155.00

**DOCUMENT # P06000077217**

1. Entity Name  
**GASPAR DRYWALL INC**



Principal Place of Business  
**108 W LOUISIANA AVE  
TAMPA, FL 33603 US**

Mailing Address  
**108 W LOUISIANA AVE  
TAMPA, FL 33603 US**

40027397



2. Principal Place of Business - No P.O. Box #  
**Gaspar Dry Wall Inc**  
Suite, Apt. #, etc.  
**108 W Louisiana**  
City & State  
**Tampa FL**  
Zip  
**33603** Country  
**USA**

3. Mailing Address  
**Division Corporation**  
Suite, Apt. #, etc.  
**P.O. = Box 001500**  
City & State  
**Tallahassee FL**  
Zip  
**32314** Country  
**USA**

02152007 Chg-P CR2E034 (12/06)

4. FEI Number **20 = 5009580** Applied For  
**SC = 601 = 72-6048** Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**BARTOLOME, GASPAR M  
108 W LOUISIANA AVE  
TAMPA, FL 33603**

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, 2007 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	P D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARTOLOME, GASPAR M		NAME		
STREET ADDRESS	108 W LOUISIANA AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33603		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATEO, DOMINGO M		NAME		
STREET ADDRESS	108 W LOUISIANA AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33603		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		
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: Gaspar M Bartolome  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40027397

#P06000077217

**NOTICE OF ELECTION TO BE EXEMPT**

Please refer to the enclosed instructions before completing this form.

**SECTION 1:** I am applying for exemption as a (Please check only one box in this section):

**CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (\$50 APPLICATION FEE REQUIRED)**

☒ Officer of a Corporation (Title): President ) -OR- ☐ Member of a Limited Liability Company (LLC)

**NON-CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (NO FEE REQUIRED)**

☐ Officer of a Corporation (Title): \_\_\_\_\_

An officer electing an exemption under chapter 440 Florida Statutes is not entitled to benefits under this chapter.

**SECTION 2.** To be eligible for an exemption, the corporation of which you are an officer or the limited liability company of which you are a member must be registered with the Division of Corporations of the Department of State. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Division of Corporations of the Department of State. Please list the registration number (document number shown on your Uniform Business Report) on file with the Division of Corporations. P06000077217

**SECTION 3.** This exemption application applies only to the person signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed:

Corporation or LLC Name: Gaspar Drywall Inc FEIN: 20-5009580 Telephone: 813-951-3569

Business Mailing Address: 108 W Louisiana Ave City: Tampa State: FL Zip: 33603 County: Hillsborough

Scope of Business or Trade of Applicant: 1. Drywall 2. 3. 4.

**SECTION 4.** Please list all certified or registered licenses issued to the applicant pursuant to Chapter 489, F.S. (Contractor's License) \_\_\_\_\_

**SECTION 5.** Does the county or municipality in which your business is located require an occupational license for your business?

☒ Yes ☐ No IF YES, A COPY OF A CURRENT OCCUPATIONAL LICENSE MUST BE ATTACHED.

**SECTION 6.** Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies?

☐ Yes ☒ No IF YES, PLEASE LIST THE NAME(S) AND FEIN(S) OF THE AFFILIATED CORPORATION(S) OR LLC(S):

NAME: \_\_\_\_\_ FEIN: \_\_\_\_\_

**SECTION 7.** If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC.

A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED.

B. To be eligible for a construction industry exemption as a member of a limited liability company (LLC), the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY PRODUCTION OF DOCUMENTATION REFLECTING THE REQUIRED OWNERSHIP, OR BY SUBMITTING A NOTARIZED STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP.

**SECTION 8. FRAUD NOTICE**

A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree.

B. Attestation of applicant--By signing below, I attest that I have read, understand and acknowledge the foregoing notice.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE**