

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000051508**

1. Entity Name  
**ECONOMY CAULKING, INC.**



Principal Place of Business  
**16603 US HWY 19 NORTH  
CLEARWATER, FL 33764 US**

Mailing Address  
**16603 US HWY 19 NORTH  
CLEARWATER, FL 33764 US**



04042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3257319**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JAMES, TIM  
3165 SHORELINE DRIVE  
CLEARWATER, FL 33760**

**DO NOT WRITE  
IN THIS SPACE**

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**

TITLE	PSD
NAME	JAMES, TIM
STREET ADDRESS	3165 SHORELINE DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	VD
NAME	CLAVER, PAUL
STREET ADDRESS	441 173RD AVENUE
CITY-ST-ZIP	NORTH REDINGTON BCH, FL 33708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000838570  
04/19/07-80008-001 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** *Timothy James* **Timothy James**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/4/07 727-535-8394**

Daytime Phone #