## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED DOCUMENT # P95000014120 Mar 28, 2007 08:00 AM **Secretary of State** GANNAWAY BROTHERS PLASTERING, INC. Principal Place of Business Mailing Address 55 FLORIDA DR 55 FLORIDA DR KEY LARGO FL 33037 KEY LARGO FL 33037 US 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite. Apt. # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 65-0591587 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GANNAWAY, JOHN E 55 FLORIDA DR Street Address (P.O. Box Number is Not Acceptable) KEY LARGO FL 33037 City 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 i applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THILE Delete HU. Change Addition GANNAWAY, JOHN E NAME NAME 55 FLORIDA DR STREET ADDRESS STREET ADORESS KEY LARGO FL CITY-ST-7(P CHY-SI-7IP ☐ Delete □ Change HILL Addition NAMÉ. U00000681332 STREET ADDRESS 04/04/07-80038-013 150.00 STREET ADDRESS CHY-SI-7IP CHY-ST-7IP TITLE Delete ☐ Change Addition NAME Sider (ADDie SS GIREET ADDRESS CITY-SI-7IP CITY-ST-7IP Dolete THE ☐ Change Addition NAME NAM STRUET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Delete TITLE. ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CHY-SI-ZIP CUTY-ST-ZIP TITLE ☐ Delete HHE Change ☐ Addition NAME NAME STRLET ADORESS STREET ADDRESS

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 eath; 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.

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SIGNATURE: POLICE TO THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF BIRECTOR CONTROL TO DOLL TO