## **2006 FOR PROFIT CORPORATION**

## **FILED** 0 A1te

ANNUAL KEPUKI				. May 01, 2006 08:00	
1. Entity Name	MENT # P9600001464 GULF SHORE BUILDING MAT			Secretary of S	sta
Principal Place 4328 DOMES NAPLES, FL	STIC AVE	lailing Address 3395 GARDEN ROAD RIVIERA BEACH, FL 33404	US		
D	O NOT WRITE I	N THIS SPA	CE	04252006 No Chg-P CR2E034 (11/05)  4. FEI Number Applie 65-0656517 Not A	ied Fo
<u> </u>	6. Name and Address of Current Regi	stered Agent	T	Fee Required	
MENG, PH 8395 GARI RIVIERA B	IILIP G			DO NOT WRITE IN THIS SPACE	
	named entity submits this statement for the ons of registered agent.	purpose of changing its registe	red office or register	ered agent, or both, in the State of Florida. I am familiar with, an	d acc
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registe	red Agent signature required	ed when refrestating) DATE	
	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution	~ ~ ~	5.00 May Be Ided to Fees	<u> </u>
10.	OFFICERS AND DIRE	CTORS			
TITLE	DST MENG PHILIP G				

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MENG, PHILIP G 8395 GARDEN RD. RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHOONOVER, JEFFREY 4328 DOMESTIC AVENUE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KIDDY, THOMAS 15851 CHIEF COURT FT. MYERS, FL 33404
NAME STREET ADDRESS CITY-ST-ZIP	DS FERREIRA, JAMES 24073 PRODUCTION CIRCLE BONITA SPRINGS, FL 34134
HITLE NAME STREET ADDRESS CITY-ST-ZIP	
TIFLE NAME	

U00000553551 05/15/06-80056-014 158.75

DO NOT WRITE IN THIS SPACE

Oate

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN FICER OR DIRECTOR

561845 6802

Daytime Phone #