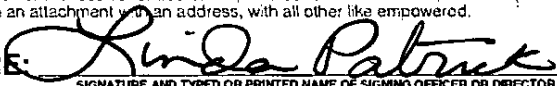


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90162 049 ***150.00

DOCUMENT # P96000015739 1. Entity Name RUBBER & GASKET SPECIALTIES, INC.					
Principal Place of Business 2030 E. ADAMS STREET 4120 Haines St. JACKSONVILLE, FL 32202 32206			Mailing Address PO BOX 50652 JACKSONVILLE BEACH, FL 32240		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLOOM AND DAVENPORT PA 2220 RIVERPLACE TOWER 1301 GULF LIFE DRIVE JACKSONVILLE, FL 32207			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 _____ (NOTE: Registered Agent signature required when translating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	S ☐ Delete		TITLE	☒ Change ☐ Addition	
NAME	MATHIS, DWAYNE		NAME	4120 Haines Street	
STREET ADDRESS	2030 E. ADAMS STREET		STREET ADDRESS	JACKSONVILLE, FL	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	32206	
TITLE	PT ☐ Delete		TITLE	☒ Change ☐ Addition	
NAME	PATRICK, LINDA		NAME	4120 Haines Street	
STREET ADDRESS	2030 E. ADAMS STREET		STREET ADDRESS	JACKSONVILLE, FL	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	32206	
TITLE	VAT ☐ Delete		TITLE	☒ Change ☐ Addition	
NAME	FLOYD, PATRICIA		NAME	4120 Haines Street	
STREET ADDRESS	2030 E. ADAMS STREET		STREET ADDRESS	JACKSONVILLE, FL	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	32206	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ 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 exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-8-05 (904) 359-0810 Date Daytime Phone #		