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

02162005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number
59-3367078
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLOOM AND DAVENPORT PA
2220 RIVERPLACE TOWER
1301 GULF LIFE DRIVE
JACKSONVILLE, FL 32207

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S	☐ Delete
NAME	MATHIS, DWAYNE	
STREET ADDRESS	~~2030 E. ADAMS STREET~~	
CITY-ST-ZIP	JACKSONVILLE, FL ~~32202~~	
TITLE	PT	☐ Delete
NAME	PATRICK, LINDA	
STREET ADDRESS	~~2030 E. ADAMS STREET~~	
CITY-ST-ZIP	JACKSONVILLE, FL ~~32202~~	
TITLE	VAT	☐ Delete
NAME	FLOYD, PATRICIA	
STREET ADDRESS	~~2030 E. ADAMS STREET~~	
CITY-ST-ZIP	JACKSONVILLE, FL ~~32202~~	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	4120 Haines Street	
CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	4120 Haines Street	
CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	4120 Haines Street	
CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Linda Patrick 4-8-05 (904) 359-0810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #