

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90020 041 ***550.00

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1. Entity Name
GYPSUM PRODUCTS, INC.



Principal Place of Business
2062 20 AVE SE
LARGO, FL 33771

Mailing Address
P.O BOX 985
LARGO, FL 33779 US

04001360



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3411179

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~FOLEY, MICHAEL T~~
~~2062 20 AVE SE~~
~~LARGO, FL 33771~~

STEPHEN G. WATTS
606 DRUID RD E
CLEARWATER FL 33762

**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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/30/04

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOLEY, MICHAEL T MICHAEL MCCAIN
STREET ADDRESS	2062 20 AVE SE
CITY-ST-ZIP	LARGO, FL 33771
TITLE	TS
NAME	MCCAIN, MARGARET A
STREET ADDRESS	2062 20TH AVE, SE
CITY-ST-ZIP	LARGO, FL 33771
TITLE	VO
NAME	MCCAIN, MICHAEL michael mcClure
STREET ADDRESS	2062 20TH AVE SE
CITY-ST-ZIP	LARGO, FL 33771
TITLE	D
NAME	ENGELHARDT, PAUL D
STREET ADDRESS	4500 140TH AVE N STE 101
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	D
NAME	ENGELHARDT, STEVEN E
STREET ADDRESS	4500 140TH AVE N STE 101
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #