

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 02, 2008 08:00 AM  
Secretary of State

DOCUMENT # P97000065640

1. Entity Name  
GIZMO BUILDERS, INC.



Principal Place of Business  
16191 73 CT NORTH  
LOXAHATCHEE, FL 33470

Mailing Address  
16191 73 CT NORTH  
LOXAHATCHEE, FL 33470



02222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0774281	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BELLINGER, KEITH  
16191 73 CT NORTH  
LOXAHATCHEE, FL 33470

**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, 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BELLINGER, KEITH
STREET ADDRESS	16191 73 CT N
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	VPST
NAME	BELLINGER, LINDA
STREET ADDRESS	16191 73 CT N
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000877854  
04/14/08-80032-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda Bellinger, V.P. 3-31-08 561.7847473