

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90040 022 \*\*\*150.00

**DOCUMENT # P98000062505**

1. Entity Name

GUSHEA TEXTURES, INC.



Principal Place of Business

7339 JACKSON SPRINGS ROAD  
TAMPA FL 33634

Mailing Address

7339 JACKSON SPRINGS ROAD  
TAMPA FL 33634

2. Principal Place of Business

202 W. Flora St

Suite, Apt. #, etc.

3. Mailing Address

202 W. Flora St.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip  
33604

Country  
USA

City & State

Tampa, FL

Zip  
33604

Country  
USA

4. FEI Number

59-3524746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUSHEA, PAUL  
7339 JACKSON SPRINGS ROAD  
TAMPA FL 33634

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GUSHEA, PAUL  
STREET ADDRESS 7339 JACKSON SPRINGS ROAD  
CITY-ST-ZIP TAMPA FL 33634

TITLE PD ☐ Delete  
NAME GUSHEA, CATHY  
STREET ADDRESS 7339 JACKSON SPRINGS ROAD  
CITY-ST-ZIP TAMPA FL 33634

TITLE D ☒ Delete  
NAME SANDOVAL, JAVIER D  
STREET ADDRESS 1808 W. CLUSTER AVE.  
CITY-ST-ZIP TAMPA FL 33614

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 Director ☐ Change ☒ Addition  
NAME Richard J. Crain Jr.  
STREET ADDRESS 1606 S. 45th St.  
CITY-ST-ZIP Tampa, FL 33619

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

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:

*Paul Gushea* Paul Gushea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/05 (813) 293-0943