



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90172 027 \*\*\*150.00

<b>DOCUMENT # P98000062505</b> 1. Entity Name <b>GUSHEA TEXTURES, INC.</b>					
Principal Place of Business <b>202 W. FLORA ST TAMPA, FL 33604</b>		Mailing Address <b>202 W. FLORA ST TAMPA, FL 33604</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		01212008 Chg-P CR2E034 (12/06)	
4. FEI Number <b>59-3524746</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>GUSHEA, PAUL 202 W FLORA ST TAMPA, FL 33604</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GUSHEA, PAUL 7339 JACKSON SPRINGS ROAD TAMPA, FL 33634	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Kevin Leslie 1506 E. 142nd Ave #9 Tampa, FL 33613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GUSHEA, CATHY 7339 JACKSON SPRINGS ROAD TAMPA, FL 33634	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE</b>  <u>Cathy Gusha</u> <u>Cathy Gusha</u> <u>4/30/08</u> <u>813-238-8180</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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