## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 11, 2008 08:00 AN Secretary of State **DOCUMENT # P99000014169** 1. Entity Name G.J.S. TRADITIONAL BUILDING, INC. Principal Place of Business Mailing Address 6467 4TH AVENUE NORTH 6467 4TH AVENUE NORTH SAINT PETERSBURG, FL 33710 SAINT PETERSBURG, FL 33710 02012008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3561854 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPLITTGABER, GARY J DO NOT WRITE 6467 4TH AVENUE NORTH SAINT PETERSBURG, FL 33710 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE H00000024419 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 02/20/08-20077-015 150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SPLITTGABER, GARY J STREET ADDRESS 6467 4TH AVENUE NORTH CITY-ST-71P ST. PETERSBURG, FL 33710 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this (illing 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 requiver or trustee empowered to prove the corporation or the requiver or trustee empowered to the corporation or an attachment with an address, without other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UR AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.7.08

727-346-906

FILED