


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # S81477	
1. Entity Name GILLESPIE CONTRACTORS, INC.	

Principal Place of Business 6010 GEORGE ROAD PUNTA GORDA, FL 33982	Mailing Address P O BOX 510425 PUNTA GORDA, FL 33951-0425
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02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0287309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KAYWELL, JAMES W. 201 W. MARION AVE. SUITE 301 PUNTA GORDA, FL 33950

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GILLESPIE, GERALD 6010 GEORGE ROAD PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GILLESPIE, GERALD L JR 21976 FELTON AVE PUNTA GORDA, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILLESPIE, KIM 21976 FELTON AVE PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/15/05-80001-009 150.00

**DO NOT WRITE
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)(f), 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: Kimberly Gillespie Kimberly Gillespie 2/10/05 941-639-4514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #