

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90001 024 ***150.00

DOCUMENT # V71292

1. Entity Name
G&D EQUIPMENT REPAIR, INC.



Principal Place of Business

1701 LAKEVILLE RD
ORLANDO, FL 32807

Mailing Address

P O BOX 667
CLARCONA, FL 32710 US

40025180



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3146066

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLRODT, BRENDA L
2610 WELLS AVE 141
FERN PK, FL 32730

Name

Street Address (P.O. Box Number is Not Acceptable)

1428 E. Semoran Blvd #105

City

Apopka

FL

Zip Code

32703

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

Brenda L Ellrodt

2-17-07

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WILKERSON, GEORGE
STREET ADDRESS PO BOX 667
CITY - ST - ZIP CARCONA, FL 32710

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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:

George M Wilkerson Jr *George M Wilkerson Jr* 2/18/07 407-466-8695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

46025186



State of Florida #V71292
Department of Revenue

**Corporate, Partnership, and Fiduciary Intangible Personal Property Tax
Zero Tax Due Notification**

Today's date is 16 February, 2007 Time 4:02:50 PM

**Your notification has been received by the Department.
Please print this page and retain for your records.**

[Click here to print](#)

Confirmation number: **0702161250**

Federal Employer
Identification Number
(FEIN): **593146066**

Entity Name: **G&D Equipment Repair, Inc.**

Address: **PO Box 667**

Address: (cont)

City: **Clarcona**

State: **FL** Zip Code: **32710**

Selected tax year(s): **2007**

[GO BACK AND MAKE CORRECTIONS](#)