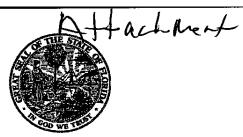
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # F21469 02-24-2004 90014 022 *****8.75 1. Entity Name 03-08-2004 90032 042 ***150.00 GCI/GENERAL CONSTRUCTORS, INC. Principal Place of Business Mailing Address 24012302 991 EXPLORER COVE, STE. 101 991 EXPLORER COVE,STE,101 ALTAMONTE SPGS. FL 32701 ALTAMONTE SPGS. FL 32701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-2077843 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIERRO, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 1371 SEMINOLE AVENUE LONGWOOD FL 32750 City 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 whon reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 7TT E TITLE Delete ■ Addition NAME FIERRO, TIMOTHY J NAME 1371 SEMINOLE AVE STREET ADDRESS STREET ADDRESS LONGWOOD FL CITY-ST-ZIP CITY-ST-7IP TTLE Celete TITLE Chance ☐ Addition FIERRO, SHARON L. MALE NAME STREET ADDRESS 1371 SEMINOLE AVE STREET ADDRESS CITY-ST-ZIP LONGWOOD FL CITY-ST-7/P TITLE Delete ☐ Change ■ Addition NĂME HAZIF-STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE IIILÉ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Timothy J Fierro 2/16/04 407-831-8898 SIGNATURE: SIGNATURE AND TYP D OR PRINTED IN

FILED

Mar 08, 2004 8:00 am



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MAR 0 3 2004

GCI

FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

February 26, 2004

GCI/GENERAL CONSTRUCTORS, INC. 991 EXPLORER COVE,STE.101 ALTAMONTE SPGS., FL 32701

-Subject: GCI/GENERAL CONSTRUCTORS, INC.

Reference Number:

F21469

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$8.75; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$141.25.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MW ANNUAL REPORTS SECTION