## 2005 FOR PROFIT CORPORATION

## May 25, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # G58060 1. Entity Name G.H.B. CONTRACTORS, INC. Mailing Address Principal Place of Business 2774 CARRIER AVE 2774 CARRIER AVE SANFORD, FL 32773 SANFORD, FL 32773 05192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2332194 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIS, THOMAS W DO NOT WRITE 2774 CARRIER AVE SANFORD, FL 32773 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. DATE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Added to Fees corporation did not receive the prior notice. Trust Fund Contribution, Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE BLOCK, GERALD H NAME STREET ADDRESS 2632 SHAD LANE 000000368234 05/25/05-80001-006 150.00 CITY-ST-ZIP GENEVA, FL TITLE WILLIS, THOMAS W NAME 1671 KINGSTON STREET ADDRESS LONGWOOD, FL 32750 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 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of 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:

TITLE NAME STREET ADDRESS CITY - ST - ZIP

Thomas W. Willis

(407) 330-2887

Daytime Phone #

FILED