## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P96000075999**

G.M.A. CONSTRUCTION & DEVELOPMENT, INC.



May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

P.O. BOX 616338 ORLANDO, FL 32861-6338 Mailing Address

P.O. BOX 616338 ORLANDO, FL 32861-6338



## DO NOT WRITE IN THIS SPACE

04252008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-3411668 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**FILED** 

6. Name and Address of Current Registered Agent

SERVICE, GRENNETT 1321 SELBYDON WAY WINTER GARDEN, FL 34787

SIGNATURE:

## 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000943524
10. OFFICERS AND DIRECTORS 05/29/08-90063-011 150.0					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SERVICE, GRENNETT 1321 SELBYDON WAY WINTER GARDEN, FL 34787				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 suppliemental 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 of 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.					

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR