## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

FILED Apr 23, 2007 08:00 A Secretary of State

ANNUAL REPORT						ecretary of St
DOCUMENT # P97000062644					56	ecretary of Sta
	1. Entity Name G & G BUILDING CONTRACTOR'S INC.					
				[		
Principal Plac	e of Business	Mailing Address	<u> </u>			
4761 BAYOL		4761 BAYOU BLVD				
PENSACOLA,	FL 32503 US	PENSACOLA, FL 32503 US				
					<u> </u>	
						1116 5116 11015 1116 1101 510195 11 1816
		03052007	No Chg-P	CR2E034 (11/05)		
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb		Applied For
				59-34		Not Applicable
				5. Certificati	a of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		<u> </u>		700114444100
CHERNER	(OFF, GERALD S		,	D0	NOT ME	\ 1 <b></b>
4761 BAY	OU BLVD.		DO	NOT WE	KIIE	
PENSACC	DLA, FL 32503			IN '	THIS SPA	ACE
						,
8. The above	named entity submits this statement for	the purpose of changing its registere	ad office or register	ed agent, or bo	oth, in the State of Florid	la. I am familiar with, and accept
the obligat	ions of registered agent.		v	3 ,		
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
	wighting, typed or printed team or registered again an	O Alto II apprication. (NOTE: negliatere		Musti ioniz(Strid)	Υ	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	Election Campaign Finan     Trust Fund Contribution.	cing \$5.	00 May Be ed to Fees		
10.	OFFICERS AND D	IRECTORS		<del></del>	·	
TITLE Name	P CHERNEKOFF, GERALD S		ļ			
STREET ADDRESS	4761 BAYOU BLVD		ŀ			
CITY-SI-ZIP	PENSACOLA, FL 32503		ľ			
TITLE NAME	P BEARD, JEFFREY		] .			}
STREET ADDRESS	6875 SANTA CLARA					
CITY-SI-ZIP	NAVARRE, FL 32566					ĺ
TITLE NAME			]			
STREET ADDRESS				DΩ	NOT WE	DITE
CITY-ST-ZIP			i			ľ
TITLE NAME			•	IN	THIS SPA	ACE
STREET ADDRESS						
CITY-ST-ZIP	<u> </u>					
TITLE NAME			•			
STREET ADDRESS					U000000	720406
CITY-ST-ZIP					05/01/07-4	80105-003 150.00
TITLE NAME						
STREET ADDRESS						ŀ
CITY-ST-ZIP			<b></b>			
12. I hereby of indicated of the corp	ertify that the information supplied with to on this report or supplemental report is be poration or the receiver or trustee ampo	his filing does for qualify for the exerue and accurate and that my signative red to execute this report as fequip	mptions contained ue shall have the s ed by Chapter 607	in Chapter 119 ame legal effe Florida Statute	9, Florida Statutes. I fur ct as if made under oath es; and that my name ap	ther certify that the information r; that I am an officer or director opears in Block 10 or Block 11 if