


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 242081					
1. Entry Name R. B. GAY CONSTRUCTION CO., INC.					
Principal Place of Business 2031 E. 19TH ST. JACKSONVILLE FL 32206			Mailing Address 2031 E. 19TH ST. JACKSONVILLE FL 32206		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0965541	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REAVES SR, JOHN J 2031 E 19TH ST JACKSONVILLE FL 32206				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	VD	<input type="checkbox"/> Delete			
NAME	REAVES, HELEN M				
STREET ADDRESS	8539 CONCORD CT				
CITY- ST- ZIP	JACKSONVILLE, FL 00000				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	REAVES, HELEN M				
STREET ADDRESS	8539 CONCORD CT				
CITY- ST- ZIP	JACKSONVILLE, FL 00000				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	REAVES, STEVEN A				
STREET ADDRESS	7807 MANATA ST				
CITY- ST- ZIP	JACKSONVILLE, FL 00000				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	REAVES SR, JOHN J				
STREET ADDRESS	1052 OVINGTON ROAD				
CITY- ST- ZIP	JACKSONVILLE, FL 00000				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	DAVIS, MARILYN R				
STREET ADDRESS	5249 118TH ST				
CITY- ST- ZIP	JACKSONVILLE, FL 00000				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	REAVES, WILLIAM ALAN				
STREET ADDRESS	8561 CONCORD COURT				
CITY- ST- ZIP	JACKSONVILLE FL				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					



1st MOORE CR2E034 (10/04)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marilyn R Davis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-05 (604)354-8201
Date Daytime Phone #