



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 673507</b>	
1. Entity Name GBN CONSTRUCTION, INC.	

Principal Place of Business 6054 ARLINGTON EXPY., STE. 8 JACKSONVILLE, FL 32211	Mailing Address 6054 ARLINGTON EXPY., STE. 8 JACKSONVILLE, FL 32211
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**DO NOT WRITE IN THIS SPACE**

	
01122007	No Chg-P
CR2E034 (11/05)	
4. FEI Number 59-2012997	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODE, JR. JOHN E.  
 6054-8 ARLINGTON EXPRESSWAY  
 JACKSONVILLE, FL 32211

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

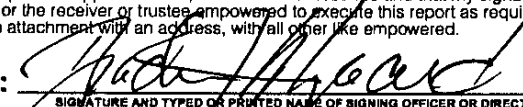
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NEGAARD, BRADEN J. 1608 RIVER BLUFF RD. N. JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAN DEVENTER, KURT 2655 SOUTH PORTE VERDE BLVD PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOODE, JOHN JR. 12558 SUN PALM DR JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/30/07-80007-003 158.75

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 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.

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

Date: **4/16/07** Daytime Phone #: **904 725-3338**