

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000002524

1. Entity Name
GOVERNMENT CONTRACTING RESOURCES, INC.



Principal Place of Business
5445 VILLAGE DR
STE 103
ROCKLEDGE, FL 32955 US

Mailing Address
5445 VILLAGE DR
STE 103
ROCKLEDGE, FL 32955 US



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1590229

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STABRYLA, FRANK J
5445 VILLAGE DR
STE 103
ROCKLEDGE, FL 32955

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	ALBRITTON, BRENDA P
STREET ADDRESS	4235 WOODHALL CIRCLE
CITY- ST- ZIP	VIERA, FL 32955
TITLE	P
NAME	ALBRITTON, J. DON
STREET ADDRESS	4235 WOODHALL CIRCLE
CITY- ST- ZIP	VIERA, FL 32955
TITLE	S
NAME	STABRYLA, FRANK J
STREET ADDRESS	2610 WILD WOOD DR
CITY- ST- ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11000011243388
02/25/05-80036-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: _____

Frank J. Stabryla, COO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-05 321-394-5556

Date Daytime Phone #