
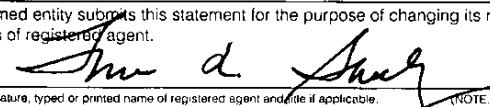
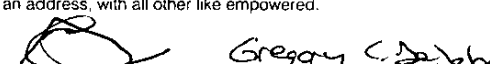


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90062 006 \*\*\*150.00

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # G66203</b><br>1. Entity Name<br><b>GSD CONTRACTING, INC.</b>   |  |   |  |  |  |
| Principal Place of Business<br><b>4675 ANGLERS AVE<br/>FORT LAUDERDALE, FL 33312</b>   |  |   | Mailing Address<br><b>4675 ANGLERS AVE<br/>FORT LAUDERDALE, FL 33312</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |   |  |
| City & State   |  | City & State  |  |   |  |
| Zip  | Country  | Zip   | Country  | 4. FEI Number<br><b>59-2329721</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SHAHADY, THOMAS R.<br/>340 NE 4 STREET<br/>FORT LAUDERDALE, FL 33301</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>SHAHADY, THOMAS R.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>350 EAST LAS OLAS BLVD</b><br><b>SUITE # 1700</b><br>City <b>FT. LAUDERDALE</b> <b>FL</b> Zip Code <b>33301</b> |   |  |
| 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.<br>SIGNATURE  DATE <b>4/11/07</b><br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>DEJOHN, GREGORY<br>4675 ANGLERS AVE<br>FT LAUDERDALE, FL | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DSV<br>DEJOHN, GUY<br>4675 ANGLERS AVE<br>FORT LAUDERDALE, FL  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                |   |  |   |  |
| 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:  <b>Gregory C. DeJohn</b> <b>04/16/07</b> <b>954 961 4222</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |  |   |  |