## 2004 FOR PROFIT CORPORATION FILED ANNUAL REPORT (AR) FILED In 29 2004 8:00 am

r	7111474-1		<u>'</u>		- Jan 29, 2004 o:00 am
DOCUMENT # H64596  1. Entity Name					Secretary of State
G P CONSTRUCTION CO. OF OCALA, INC.					01-29-2004 90026 042 ***158.75
Principal Place of Business Mailing Address					
3681 S.W. 5 OCALA FL US	52ND TERRACE 34474	3681 S.W. 52ND TERRACE OCALA FL 34478 US			6081000 min
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE : CR2E034 (11/03)
City & State		City & State			4. FEI Number 59-2549190 Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired DY \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				me	7. Name and Address of New Registered Agent
GAYLORD, RONALD G. 3681 S.W. 52ND TERRACE OCALA FL 34474					(P.O. Box Number is Not Acceptable)
			City	v	Zip Code
8. The above	named entity submits this statement	for the purpose of changing its	registered offi	ice or register	red agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.					
SIGNATURE For Signature, typed or printed name of registered agent and title in Replicabile. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees					
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PSD GAYLORD, RONALD G SR.	☐ Delete	TITLE	Sec	are C Gardord Dechange Paddition
STREET ADDRESS	3681 S.W. 52ND TERRACE		NAME STREET ADDI	RESS 368	ney C. Gaylord Browning France
CITY-ST-ZIP	OCALA FL		City-St-Zip	00	sela, Ha 3447.4
TITLE NAME	DANNER, MAC H	☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP	3681 52ND TERRACE OCALA FL		STREET ADDI		
TITLE	Т	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS	GAYLORD, RONALD GJR. 3681 S.W. 52ND TERRACE	يورنس يويسست جنب سنت	NAME - STREET ADDI	RESS -	and the first the second sector of the second sector of the second sector of the second sector of the sector of th
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP		·
TITLE NAME	Secretary /Thur	√ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	3681 Sta 52nd 7	Terr.	STREET ADDE	RESS	
CITY-ST-ZIP	Ocala, Tha 341	<del>174</del>	CITY-ST-ZIP	·	
TITLE NAME		☐ Delete	. TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDA CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME Street addr	pess	
CITY-ST-ZIP			CITY-ST-ZIP		
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: Y/ any Chaylord Nancy Copylord 1-23-04 352-873-3500					
SIGNATURE AND TYPED OR PRINTEG NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION Date Daysime Phone #					