2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 12, 2007 08:00 AM **DOCUMENT #K16154 Secretary of State** 1. Entity Name FLORIDA RESIDENTIAL CONSTRUCTION OF GAINESVILLE, INC. Principal Place of Business Mailing Address 8424 NW 55TH PLACE 8424 NW 55TH PLACE GAINESVILLE, FL 32653-3806 US GAINESVILLE, FL 32653-3806 US No Chg-P CR2E034 (11/05) 03062007 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2931774 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RICHARDSON, BRUCE DO NOT WRITE 8424 NW 55TH PLACE GAINESVILLE, FL 32653 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS RICHARDSON, BRUCE NAME STREET ADDRESS 8424 NW 55TH PLACE CITY-ST-ZIP GAINESVILLE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000662474 03/21/07-80014-019 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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:

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C!TY - ST - ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

(352)377-4520