

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L13447

1. Entity Name
G.P. FITZGERALD CONSTRUCTION COMPANY



Principal Place of Business
4350 NW 19TH AVE
STE A
POMPANO BCH, FL 33064 US

Mailing Address
4350 NW 19TH AVE
STE A
POMPANO BCH, FL 33064 US



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0145978

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FITZGERALD, GERALD P SR
4350 NW 19TH AVE
SUITE #A
POMPANO BEACH, FL 33064

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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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FITZGERALD, GERALD P
STREET ADDRESS	4350 NW 19TH AVE, STE A
CITY-ST-ZIP	POMPANO BCH, FL
TITLE	V
NAME	FITZGERALD, GERALD P JR
STREET ADDRESS	4350 NW 19TH AVE, STE
CITY-ST-ZIP	POMPANO BCH, FL
TITLE	S
NAME	FITZGERALD, PATRICIA
STREET ADDRESS	4350 NW 19TH AVE, STE A
CITY-ST-ZIP	POMPANO BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/08-80035-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA FITZGERALD 1/31/08 9349713300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #