


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90030 032 \*\*\*150.00

<b>DOCUMENT # L76592</b>		
1. Entity Name <b>GAUDET CONSTRUCTION, INC.</b>		

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Principal Place of Business <b>861 JUPITER PARK DR, STE A JUPITER, FL 33458</b>	Mailing Address <b>861 JUPITER PARK DR, STE A JUPITER, FL 33458</b>
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2. Principal Place of Business - No P.O. Box # <b>3021 Jupiter Park Circle</b>	3. Mailing Address <b>3021 Jupiter Park Circle</b>
Suite, Apt. #, etc. <b>101</b>	Suite, Apt. #, etc. <b>101</b>
City & State <b>Jupiter, Florida</b>	City & State <b>JUPITER, FLORIDA</b>
Zip <b>33458</b>	Zip <b>33458</b>
Country	Country



02112008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0193929</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>GAUDET, JOSEPH E 861 JUPITER PARK DR UNIT A JUPITER, FL 33458</b>	7. Name and Address of New Registered Agent Name <b>Gaudet, Joseph E</b> Street Address (P.O. Box Number is Not Acceptable) <b>3021 Jupiter Park Circle</b> <b>Suite 101</b> City <b>Jupiter</b> FL Zip Code <b>33458</b>
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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 **2-11-08**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GAUDET, JOSEPH E 861 JUPITER PARK DR, STE A JUPITER, FL 33458</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST GAUDET, CHRISTINA 861 JUPITER PARK DR, STE A JUPITER, FL 33458</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_