## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 27, 2006 08:00 AM Secretary of State **DOCUMENT # P01000041461** GORMAN CONSTRUCTION SERVICE, INC. Principal Place of Business Mailing Address 316 SE 8TH ST 316 SE 8TH ST OCALA, FL 34471 OCALA, FL 34471 No Cha-P CR2E034 (11/05) 01232006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1101259 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE FUTCH, R. WILLIAM 500 NE 8TH AVE OCALA, FL 34470 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. fNOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Hnnu00044975U After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 03/09/06-80068-001 150.00 10. OFFICERS AND DIRECTORS GORMAN, WILLIAM J NAME 316 SE 8TH ST STREET ADDRESS CRY-ST-ZIP OCALA, FL 34471 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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 directron 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 changed, or on an attachment with an address, with all other like empowered.

DILE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING

William J Gornad 2/22/ds