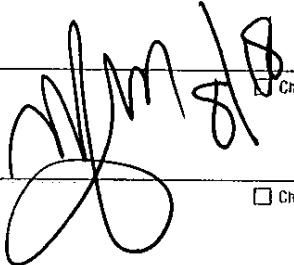


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000057121 1. Entity Name GULF & SOUTHERN CONSTRUCTION COMPANY, INC.						FILED 05 AUG 16 AM 9:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2125 RIVER REACH DRIVE #505 NAPLES, FL 34104				Mailing Address 2125 RIVER REACH DRIVE #505 NAPLES, FL 34104			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-1116275				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COLEMAN, KEVIN G ESQ. 4001 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 fee if applicable (NOTE: Registered Agent signature required when re-registering)							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. ☐			
\$5.00 May Be Added to Fees				DATE _____			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MCLEAN, WILLIAM T 2125 RIVER REACH DRIVE #505 NAPLES, FL 34104			TITLE NAME STREET ADDRESS CITY - ST - ZIP	500052873275 08/23/05--01020--005 ***70.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD Douglas Carter 155 Bald Eagle Dr. Marco Island, FL 34145			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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: 				SIGNATURE 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 8/15/05 DAYTIME PHONE # (239) 263-1680			