2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 23, 2007 08:00 A Secretary of State DOCUMENT # P01000057121 1. Entity Name GULF & SOUTHERN CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 2125 RIVER REACH DRIVE #505 2125 RIVER REACH DRIVE #505 NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E034 (10/06) Applied For City & Stato City & State 4. FEI Number 65-1116275 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo COLEMAN, KEVIN G ESQ. Street Address (P.O. Box Number is Not Acceptable) 4001 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103 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 title it applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD ☐ Change Addition TITLE ☐ Delete TITLE MCLEAN, WILLIAM T NAME NAME 03/30/07-80087-012 150.00 2125 RIVER REACH DRIVE #505 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-S1-ZIP CITY-ST-ZIP ☐ Change ☐ Addition HILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7(P Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY: ST-ZiP ☐ Delete Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP

12. I heroby certify that the information supplied with this filing does not qualify for the examptions contained in Section 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:

WIME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED