

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

182

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 29 AM 8:00

DOCUMENT # P01000095258  
1. Entity Name  
GW Construction of Brevard, Inc.



**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** *04*

2. Principal Place of Business  
*4105 Lake Glenn Dr.*  
Suite, Apt. #, etc.

3. Mailing Address  
*Same*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

*MRS*

City & State  
Melbourne FL

City & State

4. FEI Number  
59-3271167

Applied For  
Not Applicable

Zip  
32934

Country  
USA

Zip  
Country

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Greg Walsh

Street Address (P.O. Box Number is Not Acceptable)  
*4105 Lake Glenn Dr.*

City  
Melbourne FL

Zip Code  
32934

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

600041782936  
10/17/04--01054--024 \*\*150.00

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS                     |   |  |                                       |
|--|---|--|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Walsh, Greg<br><i>4105 Lake Glenn Dr.<br/>Melbourne FL 32934</i>         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>McKenzie, Zachariah<br><i>2275 Smathers Cir.<br/>Melbourne, FL 32935</i> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Parkhurst, James<br><i>2275 Smathers Cir.<br/>Melbourne, FL 32935</i>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Greg Walsh* Date: *10/17/04* Daytime Phone #: *403-8126*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

