2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2005 08:00 AM Secretary of State DOCUMENT # P01000100366 1. Entity Name GOMERSALL CONSTRUCTION CORPORATION Principal Place of Business Mailing Address 676 GLENVIEW TERRACE VERO BEACH FL 32962 **676 GLENVIEW TERRACE** VERO BEACH FL 32962 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1144841 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEGAL, BARRY G Street Address (P.O. Box Number is Not Acceptable) 2801 OCEAN DRIVE SUITE 204 VERO BEACH FL 32763 City 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 if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 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. TITLE Addillon 🗌 ☐ Delete HUL Change GOMERSALL, EDWARD J NAME NAME 'ŽŠ705–80ĭ57–011 155.00 676 GLENVIEW TERRACE STREET ADDRESS STREET ADDRESS CITY ST-ZIP VERO BEACH FL 32962 CITY-ST-7P THE ☐ Delete THE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST ZIP me ☐ Delete Tiffe Change ☐ Addition NAME NAME JUNEEL AUDRESS "STREET ACORESS CITY-ST-71P CITY-ST-ZIP TITLE Change TITLE Delete ☐ Addition NAME NAME SIRFET ADDRESS STREET ADDRESS CITY-ST-ZIP CULY-SI-76 Tilli ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADORESS CHIY-SI-ZIP CITY-ST-ZIP HIL ☐ Delete Change Change Hibi ☐ Addition NAME NAME SIRFEI ADDRESS STREET ADDRESS CRY-ST-ZIP CHTY-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 lacturate 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:

FILED