## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 28, 2005 08:00 AM Secretary of State **DOCUMENT # P03000010275** 1. Entity Name CHIP GWALTNEY GENERAL CONTRACTOR INC. Principal Place of Business Mailing Address 151 SW 62 AVE 151 SW 62 AVE PLANTATION, FL 33317 PLANTATION, FL 33317 02242005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FFI Number Applied For 06-1671182 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GWALTNEY, CHIP DO NOT WRITE 151 SW 62 AVE PLANTATION, FL 33317 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\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVST **GWALTNEY, CHIP** NAME 151 SW 62 AVE STREET ADDRESS PLANTATION, FL 33317 CITY-ST-ZIP TITLE NAME SERFET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-SE-ZIP TITLE

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 ap address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-SI-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED**