


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005- 08:00 AM
Secretary of State

DOCUMENT # P03000035196
 1. Entity Name
 GENERAL CONSTRUCTION COMPANY OF AMERICA INC



Principal Place of Business Mailing Address
 3600 NORTH HARBOR CITY BLVD 3600 NORTH HARBOR CITY BLVD
 MELBOURNE, FL 32935 US MELBOURNE, FL 32935 US

DO NOT WRITE IN THIS SPACE



05032005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1688653	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FEKANY, PATRICK
 3600 NORTH HARBOR CITY BLVD
 MELBOURNE, FL 32935

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

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP FEKANY, PATRICK 3600 NORTH HARBOR CITY BLVD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIRST BREVARD CORPORATION 3600 NORTH HARBOR CITY BLVD MELBOURNE, FL 32935
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 05/05/05-80067-008 150.00

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: _____ **PATRICK FEKANY** 5-3-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #