


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # P03000035196</b>	
<b>1. Entity Name</b> GENERAL CONSTRUCTION COMPANY OF AMERICA INC	

<b>Principal Place of Business</b> 3600 NORTH HARBOR CITY BLVD MELBOURNE, FL 32935 US	<b>Mailing Address</b> 3600 NORTH HARBOR CITY BLVD MELBOURNE, FL 32935 US
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**DO NOT WRITE IN THIS SPACE**



05032005 No Chg-P CR2E034 (10/03)

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

**6. Name and Address of Current Registered Agent**

FEKANY, PATRICK  
3600 NORTH HARBOR CITY BLVD  
MELBOURNE, FL 32935

**DO NOT WRITE 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 reinstalling) **DATE** \_\_\_\_\_

**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.

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

**DO NOT WRITE IN THIS SPACE**

U00000361209  
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 #