

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90291 019 ***150.00

DOCUMENT # P03000043828 1. Entity Name GULF TO BAY CONTRACTING, INC.					
Principal Place of Business 7565 BARRY COURT SEMINOLE, FL 33772			Mailing Address 7565 BARRY COURT SEMINOLE, FL 33772		
2. Principal Place of Business 9984 Commodore Dr.		3. Mailing Address 9984 Commodore Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Seminole, FL		City & State Seminole, FL		4. FEI Number 57-1162598	
Zip 33776		Country US		Applied For <input type="checkbox"/> Not Applicable	
Zip 33776		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCBROOM, MARK C 7565 BARRY COURT SEMINOLE, FL 33772				7. Name and Address of New Registered Agent Name McBroom, Mark C Street Address (P.O. Box Number is Not Acceptable) 9984 Commodore Dr. City Seminole FL Zip Code 33776	
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 4/25/05 <small>Signature of the registered agent or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCBROOM, MARK C 7565 BARRY COURT SEMINOLE, FL 33772 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9984 Commodore Dr. Seminole, FL 33776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 the 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 information.					
SIGNATURE:			Date: 4/25/05 Daytime Phone #		