

**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	
Zip 33776	Country US	Zip 33776	Country US
6. Name and Address of Current Registered Agent			
MCBROOM, MARK C 7565 BARRY COURT SEMINOLE, FL 33772			



04122005 Chg-P CR2E034 (10/03)

4. FEI Number 57-1162598	Applied For
	Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

Signature or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

4/25/05

DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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
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
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
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
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 report 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 officers empowered.

SIGNATURE:

4/25/05

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #