

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90003 001 \*\*\*150.00

<b>DOCUMENT # P03000072469</b>					
<b>1. Entity Name</b> <b>G.M.C. HOME BUILDERS, INC</b>					
<b>Principal Place of Business</b> <b>1434 BOTANICAL DRIVE</b> <b>IMMOKALEE, FL 34142</b>			<b>Mailing Address</b> <b>1434 BOTANICAL DRIVE</b> <b>IMMOKALEE, FL 34142</b>		
<b>2. Principal Place of Business</b> <b>5215 Ramsey Way</b>		<b>3. Mailing Address</b> <b>Same</b>			
Suite, Apt. #, etc. <b>#1</b>		Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>Fort Myers, FL</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> <b>16-1673929</b>	
<b>Zip</b> <b>33907</b>		<b>Country</b> <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>SILGUERO, GENARO JR</b> <b>1434 BOTANICAL DRIVE</b> <b>IMMOKALEE, FL 34142</b>			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> <i>Rosalie Silguero</i>				<b>DATE</b> <i>7/11/04</i>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		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>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>P</b>	<b>NAME</b> <b>SILGUERO, GENARO JR.</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> <b>1434 BOTANICAL DRIVE</b>	<b>CITY-ST-ZIP</b> <b>IMMOKALEE, FL 34142</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>V</b>	<b>NAME</b> <b>SILGUERO, ROSALIE</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> <b>1434 BOTANICAL DRIVE</b>	<b>CITY-ST-ZIP</b> <b>IMMOKALEE, FL 34142</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b>	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Rosalie Silguero</i>				<b>DATE</b> <i>7/11/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	