2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 20, 2005 8:00 am Secretary of State **DOCUMENT # P03000077415** 01-20-2005 90026 007 ***158.75 1. Entity Name **GULFSTREAM CONTRACTORS, INC.** Principal Place of Business Mailing Address 1313 WEST MIDWAY ROAD 40003567 1313 WEST MIDWAY ROAD FT. PIERCE, FL 34982 FT. PIERCE, FL 34982 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. - Suite, Apt. #, etc. 01142005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 45-0522640 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Searci SEARCY, GWYNNE G 122 RAINTREE TRAIL JUPITER, FL 33458 Zip Code 34982 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 registred agent. SIGNATURE NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete Change Addition ПΠЕ SEARCY, HOWARD L JR NAME NAME Searcy, Howard L J 1313 West Midway Rd Fort Pierce, FL 34 STREET ADDRESS 122 RAINTREE TRAIL STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP TITLE ☐ Delete TITLE P Addition ☐ Change Travis E. Murphy, Jr. 1313 West Mid way Rd NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP erce .FL ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE T/TLF Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other line empowered.

Date

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