

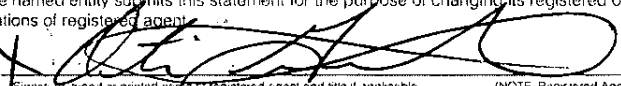
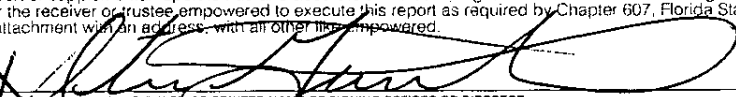


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90061 012 ***150.00

DOCUMENT # P03000096995 1. Entity Name GUNDRUM'S CONSTRUCTION, INC.					
Principal Place of Business 1211 COLLEGE WOOD DR LYNN HAVEN, FL 32444			Mailing Address 1211 COLLEGE WOOD DR LYNN HAVEN, FL 32444		
2. Principal Place of Business - No P.O. Box # 1585 Brushed Dunes Cir.		3. Mailing Address 1585 Brushed Dunes Cir.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04012008 Chg-P CR2E034 (12/06)	
City & State Freeport FL		City & State Freeport FL		4. FEI Number 56-2390343	
Zip 32439		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUNDRUM, OTIS A 1211 COLLEGE WOOD DR LYNN HAVEN, FL 32444				7. Name and Address of New Registered Agent Name 1585 Brushed Dunes Cir. City Freeport FL Zip 32439	
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 P NAME GUNDRUM, OTIS A STREET ADDRESS 2936 SYRACUSE AVE. CITY-ST-ZIP PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		TITLE P NAME Gundrum, Otis A STREET ADDRESS 1585 Brushed Dunes Cir. CITY-ST-ZIP Freeport, FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME GUNDRUM, TAMMY STREET ADDRESS 2936 SYRACUSE AVE. CITY-ST-ZIP PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		TITLE S NAME Gundrum, Tammy STREET ADDRESS 1585 Brushed Dunes Cir. CITY-ST-ZIP Freeport, FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME GUNDRUM, ELLIS E STREET ADDRESS 1667 STATE HWY. 20 E. CITY-ST-ZIP FREEPORT, FL 32439	<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 filing does not qualify for the exemptions contained in Chapter 119, 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 information.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					