


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90044 009 ***150.00

DOCUMENT # P03000103130	
1. Entity Name GILBERT CONSTRUCTION, INC.	

Principal Place of Business 4800 HIGHWAY 11 DELEON SPRINGS, FL 32130	Mailing Address 4800 HIGHWAY 11 DELEON SPRINGS, FL 32130
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50024592



2. Principal Place of Business 2225 TWIN PALMS LN.	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05052006 Chg-P CR2E034 (11/05)

City & State DELEON SPRINGS, FLA.	City & State
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4. FEI Number 81-0634168	Applied For <input type="checkbox"/> Not Applicable
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Zip 32130	Country FLORIDA	Zip 32130	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GILBERT, CRATON D 4800 HIGHWAY 11 DELEON SPRINGS, FL 32130	
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7. Name and Address of New Registered Agent	
Name Gilbert, Jon Z.	
Street Address (P.O. Box Number is Not Acceptable) 2225 Twin Palms Lane	
City DeLeon Springs	FL Zip Code 32130

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: *Jon Z. Gilbert* *JON Z. GILBERT* *6.5.6*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILBERT, CRATON D 4800 HIGHWAY 11 DELEON SPRINGS, FL 32130 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GILBERT, CAROL T 4800 HIGHWAY 11 DELEON SPRINGS, FL 32130 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GILBERT, JON Z 4800 HIGHWAY 11 DELEON SPRINGS, FL 32130 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Gilbert, Jon Z. 2225 Twin Palms Lane DeLeon Springs FL 32130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Gilbert, Jon Z. 2225 Twin Palms Lane DeLeon Springs FL 32130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: *Jon Z. Gilbert* *6/5/06* *(386) 734-2471*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #