


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
1/ Feb 09, 2004 8:00 am  
Secretary of State

01-26-2004 90009 036 \*\*\*158.75

<b>DOCUMENT # P03000123964</b> 1. Entity Name <b>G.C. CONSTRUCTION OF GAINESVILLE, INC.</b>					
Principal Place of Business <b>15544 NW 25TH TERRACE GAINESVILLE, FL 32609</b>			Mailing Address <b>POST OFFICE BOX 5893 GAINESVILLE, FL 32627</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>200389323</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CLEMMONS, GARY R. 15544 NW 25TH TERRACE GAINESVILLE, FL 32609</b>				7. Name and Address of New Registered Agent Name <b>Same NO Change</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <i>[Signature]</i> <b>Gary R. Clemmons</b> DATE <b>2-3-04</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>President</b> <input type="checkbox"/> Delete NAME <b>Gary R. Clemmons</b> STREET ADDRESS <b>15544 N.W. 25th Terr.</b> CITY-ST-ZIP <b>Gainesville, FL, 32609</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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, for all other like empowered.					
SIGNATURE: <i>[Signature]</i> <b>GARY R. CLEMMONS, President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>1-22-04</b> <b>386-418-2114</b> <small>Daytime Phone #</small>	

66401340



01072004 Chg-P CR2E034.10/03