

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
 17. Feb 09, 2004 8:00 am
 Secretary of State

01-26-2004 90009 036 ***158.75

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

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