2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 11, 2005 08:00 AM **Secretary of State** DOCUMENT # P03000136360 1. Entity Name GILMAN CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 445 32ND AVE SW 445 32ND AVE SW VERO BEACH, FL 32968 VERO BEACH, FL 32968 01112005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 83-0377371 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GILMAN, MICHAEL J DO NOT WRITE 445 32ND AVE SW VERO BEACH, FL 32968 IN THIS SPACE 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) Storeture, typed or neighborhood name of registered apport and little if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE GILMAN, MICHAEL J NAME Unnono225272 02/11/05-80033-011 150.00 STREET ADDRESS 445 32ND AVE SW CITY-ST-ZIP VERO BEACH, FL 32968 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TELLE NAME STREET ADDRESS CITY-ST-ZP

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 suppliemental 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VEHILDS PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772 696 5583

FILED