


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 23, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000145358 1. Entity Name NETTLES CONSTRUCTION : GNC, INC.	
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Principal Place of Business 119 KAISER AVE NW LAKE PLACID, FL 33852	Mailing Address 119 KAISER AVE NW LAKE PLACID, FL 33852
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07232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEJ Number 55-0855114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NETTLES, GEROME 119 KAISER AVE NW LAKE PLACID, FL 33852

**DO NOT WRITE
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 _____ **U000000772703**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **08/23/07-B00005-025 150.00**

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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	P NETTLES, GEROME 119 KAISER AVE NW LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NETTLES, COREY 119 KAISER AVE NW LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NETTLES, ROBERT 119 KAISER AVE NW LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Gerome Nettles* **7-25-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #