

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000153086

1. Entity Name
GERARD CONSTRUCTION INC



Principal Place of Business
980 MARJORIE RAWLINGS DR.
DELAND, FL 32720 US

Mailing Address
980 MARJORIE RAWLINGS DR.
DELAND, FL 32720 US

FILED
May 01, 2006 08:00 A
Secretary of State



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number
32-0102441

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351

**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

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000546060
05/11/06-80101-008 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME GERARD, JEFFREY E
STREET ADDRESS 980 MARJORIE RAWLINGS DR.
CITY-ST-ZIP DELAND, FL 32720

TITLE V
NAME GERARD, GREG L
STREET ADDRESS 2059 HONTOON RD.
CITY-ST-ZIP DELAND, FL 32720

TITLE S
NAME GERARD, JUDITH A
STREET ADDRESS 904 W. HIGHLAND AVE.
CITY-ST-ZIP DELAND, FL 32720

TITLE T
NAME GERARD, ANN L
STREET ADDRESS 980 MARJORIE RAWLINGS DR.
CITY-ST-ZIP DELAND, FL 32720

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386 943 4810