

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000003657

1. Entity Name
P.D.A. GEVAWER CONSTRUCTION INC



FILED

05 MAY -4 PM 2: 24

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1848 TALPECO RD TALLAHASSEE, FL 32303	Mailing Address 1848 TALPECO RD TALLAHASSEE, FL 32303
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

05042005 Chg-P CR2E034 (10/03) 05

4. FEI Number 20-0642217	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent GEVAWER, OTTO J 1848 TALPECO RD TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">P GEVAWER, OTTO J 1848 TALPECO RD TALLAHASSEE, FL 32303</td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	P GEVAWER, OTTO J 1848 TALPECO RD TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center; vertical-align: middle;"> 600054668976 05/17/05--01025--010 **150.00 </td> <td style="width: 50%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>	600054668976 05/17/05--01025--010 **150.00	<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 attachment with an address, with another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____