


2006 FOR PROFIT CORPORATION ANNUAL REPORT

02-24-2006 90007 030 ***150.00
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DOCUMENT # P04000044575

1. Entity Name
GFV CONTRACTORS, INC.



06 MAR -7 PM 12:49

TALLAHASSEE, FLORIDA

Principal Place of Business
4535 MEADOWVIEW DR
LAKELAND, FL 33810

Mailing Address
4535 MEADOWVIEW DR
LAKELAND, FL 33810



2. Principal Place of Business
185 Guadalupe Hills LN
Suite, Apt. #, etc.

3. Mailing Address
185 Guadalupe Hills LN
Suite, Apt. #, etc.

02152006 Chg-P CR2E034 (11/05)

City & State
SEGUIN TX

City & State
SEGUIN, TX

Zip
78155

Country
USA

Zip
78155

Country
USA

4. FEI Number
68-0580801

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
REID, VICKIE E
4535 MEADOWVIEW DR
LAKELAND, FL 33810

7. Name and Address of New Registered Agent
Name
Douglas V. Bailey
Street Address (P.O. Box Number is Not Acceptable)
214 Hillcrest Street, Suite #1
City Lakeland FL Zip Code 33815

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 Douglas V. Bailey E.A. DOUGLAS V. BAILEY, E.A. 2/22/06
Signature (Typed or Printed name of Registered Agent is not 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GOODSPEED, HANNELORE 185 GUADALUPE HILLS LN SEGUIN, TX 78155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOODSPED, GLIFFORD 185 GUADALUPE HILLS LN SEGUIN, TX 78155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T REID, VICKIE E 4535 MEADOWVIEW DR LAKELAND, FL 33810 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Hannelore Goodspeed Hannelore Goodspeed 2-15-2006 (830-401-4141)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[Handwritten signature]