

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90275 034 ***150.00

DOCUMENT # P04000103672	
1. Entity Name GAINESVILLE RESTORATION & CONSTRUCTION, INC.	

Principal Place of Business ATT: CHRIS PICKERING 4104 NW 18TH PLACE GAINESVILLE, FL 32605	Mailing Address ATT: CHRIS PICKERING 4104 NW 18TH PLACE GAINESVILLE, FL 32605
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14001667



2. Principal Place of Business SAME AS ABOVE	3. Mailing Address SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04142005 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

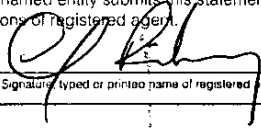
4. FEI Number 02-0728211	☒ Applied For ☐ Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PICKERING, CHRIS 2231 NW 55TH TERRACE GAINESVILLE, FL 32605	
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7. Name and Address of New Registered Agent	
Name Chris Pickering	
Street Address (P.O. Box Number is Not Acceptable) 4104 NW 18th Place	
City Gainesville	FL Zip Code 32605

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  Chris Pickering, Pres.	DATE 4/24/05

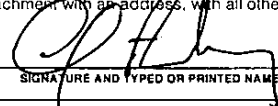
**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D	☐ Delete
NAME PICKERING, CHRIS	
STREET ADDRESS 2231 NW 55TH TERRACE	
CITY-ST-ZIP GAINESVILLE, FL 32605	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Director/Pres.	☒ Change ☐ Addition
NAME Pickering, Chris	
STREET ADDRESS 4104 NW 18th Place	
CITY-ST-ZIP Gainesville, Fl. 32605	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/24/05	Daytime Phone # 352-278-1592
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