2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2006 8:00 am Secretary of State

DOCUMENT # P04000130719 1. Entity Name GILLETTE CONSTRUCTION, INC.					Secretary of State 04-21-2006 90094 040 ***150.00				
4047 N.E. C	e of Business DUNTY HWY 314-A NGS, FL 34488		Mailing Address 4047 N.E. COUNTY HWY 314-A SILVER SPRINGS, FL 34488						
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03132006	Chg-P	CR2E03	4 (11/05)	
City & State		City & State	City & State		4. FEI Numb			1	oplied For
Zip	Country USA	Zip	Zip Coun		20-1630064 5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				Name	7. Name and	d Address of New i	Registered A	gent	
GILLETTE, EDWARD 4047 N.E. COUNTY HWY 314-A SILVER SPRINGS, FL 34488					P.O. Box Numb	per is Not Acceptable	e)		
				City			FL.	Zip Cod	le
8. The above	named entity submits this statemen	nt for the purpose of changing i	its registere	d office or register	red agent, or bo	oth, in the State of Fl		i miliar with,	and accept
	ions of registered agent.					- - -			
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NO	OTE: Registered	Agent signature required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$5!				.00 May Be led to Fees				,
10.		ND DIRECTORS	11.		ADDITIONS	/CHANGES TO OF			
NAME STREET ADDRESS CITY-ST-ZIP	PSTD GILLETTE, EDWARD 4047 N.E. COUNTY HWY 314 SILVER SPRINGS, FL 34488							☐ Change	☐ Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS SI-ZIP			· <u>-</u>	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE				·	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Detete	TITLE NAME STREE					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS				Change	Addition
of the con	tertify that the information supplied on this report or supplemental repoporation or the receiver or trustee e or on an attachment with an address. URE: SIGNATURE AND TYPED	on is true and accurate and that	t my signatu ort as require od.	ire shall have the s ed by Chapter 607					