



**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

5/1

**FILED**  
**Jun 07, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90302 036 \*\*\*150.00

DOCUMENT # P05000144046 1. Entity Name FLORIDA GULF CONTRACTING, INC.					
Principal Place of Business 4863 GUM ROAD TALLAHASSEE FL 32304		Mailing Address 4863 GUM ROAD TALLAHASSEE FL 32304			
2. Principal Place of Business		3. Mailing Address		<p style="text-align: center; font-size: 24px;"><b>66018001</b></p>  <p style="text-align: center;">1st MOORE CR2E034 (10/05)</p>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>41-2195489</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LAW, CARL S 4863 GUM ROAD TALLAHASSEE FL 32304			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<p><b>FILE NOW!!! FEE IS \$150.00</b>                  After May 1, 2006 Fee Will Be \$550.00                  Make Check Payable to Florida Department of State</p>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAW, CARL S		NAME		
STREET ADDRESS	4863 GUM ROAD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32304		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERESA V. LAW		NAME		
STREET ADDRESS	4863 Gum Rd		STREET ADDRESS		
CITY-ST-ZIP	TALL FL 32304		CITY-ST-ZIP		
TITLE	Sec	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEVANT LAW		NAME		
STREET ADDRESS	4863 Gum Rd		STREET ADDRESS		
CITY-ST-ZIP	TALL FL 32304		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 <u>Carl Steven Law</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			CARL STEVEN LAW		
			4-12-06		
			850-575-0920		
			Date Daytime Phone #		