

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-07-2006 90039 043 \*\*\*150.00

**DOCUMENT # P05000157292**

1. Entity Name  
**G.C.O. CONSTRUCTION, INC.**



Principal Place of Business  
**19 WEST MACCLENNEY AVE  
MACCLENNEY, FL 32063**

Mailing Address  
**P.O. BOX 1226  
MACCLENNEY, FL 32063**

**50010058**



2. Principal Place of Business  
**19 West Macclenny Ave  
Suite 113**

3. Mailing Address  
Suite, Apt. #, etc.

03152006 Chg-P CR2E034 (11/05)

City & State  
**Macclenny, FL**

City & State

4. FEI Number  
**20-3874068**

Applied For  
Not Applicable

Zip  
**32063**

Country  
**USA**

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**BARBER, THOMAS M  
8632 POPLAR ST  
MACCLENNEY, FL 32063**

**7. Name and Address of New Registered Agent**

Name **Thomas M. Barber**  
Street Address (P.O. Box Number is Not Acceptable)  
**8632 Poplar Street**  
City **Macclenny** **FL** Zip Code **32063**

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

Signature, typed or printed name of registered agent and title if 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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BARBER, THOMAS M 8632 POPLAR ST MACCLENNEY, FL 32063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BARBER, MALISSA G 8632 POPLAR ST. MACCLENNEY, FL 32063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BARBER, CHARLES E JR. 4075 ED BARBER LANE MACCLENNEY, FL 32063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **Malissa G. Barber** **Malissa G. Barber**  
Secretary/Treasurer **4/4/06** **904-259-9939**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #