

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000157292

Entity Name: G.C.O. CONSTRUCTION, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

19 WEST MACCLENNEY AVE
SUITE 111
MACCLENNEY, FL 32063

Current Mailing Address:

P.O. BOX 1226
MACCLENNEY, FL 32063

New Principal Place of Business:

19 WEST MACCLENNEY AVE
SUITE 103
MACCLENNEY, FL 32063

New Mailing Address:

FEI Number: 20-3874068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BARBER, THOMAS M
Address: 8632 POPLAR ST
City-St-Zip: MACCLENNEY, FL 32063

Title: DST () Delete
Name: BARBER, MALISSA G
Address: 8632 POPLAR ST.
City-St-Zip: MACCLENNEY, FL 32063

Title: VP () Delete
Name: BARBER, CHARLES E JR.
Address: 4075 ED BARBER LANE
City-St-Zip: MACCLENNEY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS BARBER

DP

04/28/2008

Electronic Signature of Signing Officer or Director

Date