

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90029 014 \*\*\*158.75

**DOCUMENT # P06000054438**

1. Entity Name  
**GLOBAL CONTRACTORS OSP, INC.**



Principal Place of Business  
**123 MARINA DEL REY COURT  
CLEARWATER, FL 33767 US**

Mailing Address  
**123 MARINA DEL REY COURT  
CLEARWATER, FL 33767 US**

40053303



2. Principal Place of Business - No P.O. Box #  
Global Contractors OSP Inc  
13555 Automobile Blvd Ste 130  
Clearwater, FL 33762  
City

3. Mailing Address  
Global Contractors OSP Inc  
13555 Automobile Blvd Ste 130  
Clearwater, FL 33762

03252008 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-4711898**

Applied For  
Not Applicable

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

Zip Country **U.S.**

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

**YANCHUNIS, JOHN A  
%JAMES HOYER  
3301 THOMASVILLE ROAD, SUITE A-200  
TALLAHASSEE, FL 32308**

**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

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, 2008 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	<b>P FULKMAN, KURTIS W 19311 AQUA SPRINGS DR. LUTZ, FL 33558</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTS ELBERT, DARYL ABBOTT 123 MARINA DEL RAY CT CLEARWATER BEACH, FL 33767</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORRIS, PHIL 2420 CHINQUAPIN LANE LEXINGTON, KY 40504</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOLINDER, RAY 4725 20TH AVE. N SAINT PETERSBURG, FL 33713</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PERRY, ROBERT W 2352 49TH ST. N. SAINT PETERSBURG, FL 33710</b>	<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	<b>13555 Automobile Blvd Ste 130 Clearwater, FL 33762</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>13555 Automobile Blvd Ste 130 Clearwater, FL 33762</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*E. Daryl Abbott*

**Daryl Abbott**

**3/25/07 403-322-9171**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #