

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P25888

Entity Name: GFA CONTRACTORS, INC.

**FILED**  
**Jan 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

P.O. BX 516  
OCHLOCKNEE, GA 31773 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BX 516  
OCHLOCKNEE, GA 31773 US

**New Mailing Address:**

FEI Number: 58-1278786      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WURST, JOHN G.  
3370 CAPITAL CIR. NE STE G  
TALLAHASSEE, FL 32308 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: PVD  
Name: WURST, JOHN G.  
Address: 3370 CAPITAL CIRCLE, NE SUITE G  
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD  
Name: WURST, PATRICIA M.  
Address: 3370 CAPITAL CIRCLE NE, STE G  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: JOHN G. WURST

PRES

01/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date