


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90067 033 ***150.00

DOCUMENT # P93000076071	
1. Entity Name GHC CONSTRUCTION, INC.	

Principal Place of Business 3168 NE HWY 17 ARCADIA, FL 34266	Mailing Address 3168 NE HWY 17 ARCADIA, FL 34266
--	--

2. Principal Place of Business 1335 ML King Jr Street Suite, Apt. #, etc.	3. Mailing Address P.O. Box 2097 Suite, Apt. #, etc.
---	--

City & State Arcadia, FL	City & State Arcadia, FL
Zip 34266	Country USA

6. Name and Address of Current Registered Agent DELANEY, HILDA R 3168 NE HWY 17 ARCADIA, FL 33821	
--	--

20022738



03152005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0443979	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

7. Name and Address of New Registered Agent	
Name Cheri D. Coleman	
Street Address (P.O. Box Number is Not Acceptable) 1335 ML King Jr Street	
City Arcadia	FL Zip Code 34266

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 <i>Cheri D. Coleman</i> Cheri D. Coleman	March 15, 2005 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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 NAME STREET ADDRESS CITY-ST-ZIP	D DELANEY, HILDA R 3168 NE HWY 17 ARCADIA, FL 33821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLEMAN, GEORGE H 3168 NE HWY 17 ARCADIA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLEMAN, CHERI D 3168 NE HWY 17 ARCADIA, FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: <i>Cheri D. Coleman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	March 15, 2005 Date	863/494-4147 Daytime Phone #
--	------------------------	---------------------------------