


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90216 018 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                     |                                               |                                                                                                                     |                                                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P93000076071</b><br>1. Entity Name<br><b>GHC CONSTRUCTION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                               |                                                                                                                     |                                                                                            |  |
| Principal Place of Business<br><b>1335 ML KING JR STREET<br/>ARCADIA, FL 34266</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                     |                                               | Mailing Address<br><b>P.O. BOX 2097<br/>ARCADIA, FL 34265</b>                                                       |                                                                                                                                                                             |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                                                     |                                                                                                                                                                             |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     | City & State                                  |                                                                                                                     | 4. FEI Number<br><b>65-0443979</b>                                                                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     | Country                                       |                                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>COLEMAN, CHERI D<br/>1335 ML KING JR STREET<br/>ARCADIA, FL 34266</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                     |                                               |                                                                                                                     | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                               |                                                                                                                     |                                                                                                                                                                             |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                             |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                        |                                                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>D</b> <input checked="" type="checkbox"/> Delete<br><b>DELANEY, HILDA R</b><br><b>3168 NE HWY 17</b><br><b>ARCADIA, FL 33821</b> |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VP</b> <input type="checkbox"/> Delete<br><b>COLEMAN, GEORGE H</b><br><b>3168 NE HWY 17</b><br><b>ARCADIA, FL</b>                |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>ST</b> <input type="checkbox"/> Delete<br><b>COLEMAN, CHERI D</b><br><b>3168 NE HWY 17</b><br><b>ARCADIA, FL</b>                 |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  | <b>DST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                     |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                     |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                     |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                                                     |                                               |                                                                                                                     |                                                                                                                                                                             |  |
| <b>SIGNATURE: <i>Cheri D Coleman</i></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     |                                               | <b>CHERI D. COLEMAN SECTREA 4/21/06 (863) 494-4147</b>                                                              |                                                                                                                                                                             |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                               | <small>Date Daytime Phone #</small>                                                                                 |                                                                                                                                                                             |  |