

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90088 027 ***150.00

DOCUMENT # P94000060777 1. Entity Name GULICK CONSTRUCTION COMPANY, INC.																													
Principal Place of Business 49 SW SEMINOLE ST SUITE 102 STUART, FL 34994 US			Mailing Address 49 SW SEMINOLE ST. SUITE 102 STUART, FL 34994 US																										
2. Principal Place of Business - No P.O. Box # 38 SE Ocean Blvd Suite, Apt. #, etc.		3. Mailing Address 38 SE Ocean Blvd Suite, Apt. #, etc.																											
City & State Stuart, FL Zip 34994		City & State Stuart, FL Zip 34994		4. FEI Number 65-0521455																									
Country Martin		Country Martin		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GULICK, DAVID 49 SW SEMINOLE ST. 102 STUART, FL 34994				7. Name and Address of New Registered Agent Name Gulick, David Street Address (P.O. Box Number is Not Acceptable) 38 SE Ocean Blvd City Stuart FL Zip Code 34994																									
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 <u>N/A - Same Agent</u> (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P GULICK, DAVID</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GULICK, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>49 SW SEMINOLE ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STUART, FL 34994</td> <td></td> </tr> </table>			TITLE	P GULICK, DAVID	<input type="checkbox"/> Delete	NAME	GULICK, DAVID		STREET ADDRESS	49 SW SEMINOLE ST		CITY-ST-ZIP	STUART, FL 34994		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P Gulick, David</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Gulick, David</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>38 SE Ocean Blvd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Stuart, FL 34994</td> <td></td> </tr> </table>			TITLE	P Gulick, David	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Gulick, David		STREET ADDRESS	38 SE Ocean Blvd		CITY-ST-ZIP	Stuart, FL 34994	
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/15/07</u> Daytime Phone # <u>(772) 287-6000</u>																										