Mar 20, 2008 8:00 am 2008 FOR PROFIT CORPORATION Secretary of State **ANNUAL REPORT** 03-20-2008 90042 020 ***150.00 DOCUMENT # P94000073943 **GULFCO CONSTRUCTION** 50000976 Principal Place of Business Mailing Address 3357 PATTIE PLACE 3357 PATTIE PLACE PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2629 BREWTON CT. 2629 BREWTON CT. Suite, Apt. #, etc. 03122008 Cha-P CR2E034 (12/06) City & State 4. FEI Number Applied For CLEARWATER, FL CLEARWATER, FL 59-3272012 Not Applicable \$8.75 Additional 33761 5. Certificate of Status Desired -7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent MATTHEW MAGIS MAGIS, MATTHEW Street Address (P.O. Box Number is Not Acceptable) 3357 PATTIE PLACE PALM HARBOR, FL 34683 CLEARWATER 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. MATTHEW MAGIS, Pres (NOTE: Registered Agent signature required when reinstating) ane of recentred agent and title if applicable rature, typed or printed r 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 90 PD ☐ Delete TITLE TITLE ☐ Addition Change MAGIS, MATTHEW NAME MAGIS, MATTHEW 2629 BREWTON CT. STREET ADDRESS 3357 PATTIE PLACE STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-ZIP CLEARWATER, FL 33761 Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change : ☐ Addition TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW MAGIS, Pres.

FILED