

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000038389

FILED
Apr 07, 2004
Secretary of State

Entity Name: G & P CONTRACT SERVICES, INC.

Current Principal Place of Business:

C/O GARALD DEAN OVERHOLT
30 WALTON SHORES CT
DESTIN, FL 32550 US

New Principal Place of Business:

C/O GARALD DEAN OVERHOLT
13970 ST. HWY 20 W.
NICEVILLE, FL 32578 US

Current Mailing Address:

C/O GARALD DEAN OVERHOLT
30 WALTON SHORES CT
DESTIN, FL 32550 US

New Mailing Address:

C/O GARALD DEAN OVERHOLT
13970 ST. HWY 20 W
NICEVILLE, FL 32578 US

FEI Number: 59-3296984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVERHALT, GARALD D
30 WALTON SHORES CT
DESTIN, FL 32540 US

Name and Address of New Registered Agent:

OVERHALT, GARALD D
13970 ST. HWY 20 W
NICEVILLE, FL 32540 US

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: PATRICIA OVERHOLT

04/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVST () Delete
Name: OVERHOLT, GARALD
Address: 30 WALTON SHORES CT
City-St-Zip: DESTIN, FL

Title: D () Delete
Name: OVERHOLT, PATRICIA
Address: 30 WALTON SHORES CT
City-St-Zip: DESTIN, FL

Title: P () Delete
Name: OVERHOLT, GARALD
Address: 30 WALTON SHORES CT
City-St-Zip: DESTIN, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVST (X) Change () Addition
Name: OVERHOLT, GARALD
Address: 13970 ST. HWY 20 W
City-St-Zip: NICEVILLE, FL

Title: D (X) Change () Addition
Name: OVERHOLT, PATRICIA
Address: 13970 ST. HWY 20 W
City-St-Zip: NICEVILLE, FL 32578

Title: P (X) Change () Addition
Name: OVERHOLT, GARALD
Address: 13970 ST. HWY 20 W
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA OVERHOLT

D

04/07/2004

Electronic Signature of Signing Officer or Director

Date