## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000038389

FILED Apr 29, 2008 Secretary of State

Entity Nar	ne: G&PCC	ONTRACT SERVICES, INC.					
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
C/O GARALD DEAN OVERHOLT 13970 ST. HWY 20 W.							
	E, FL 32578	US					
Current M	ailing Addres	ss:	New Maili	New Mailing Address:			
C/O GARALD DEAN OVERHOLT 13970 ST. HWY 20 W NICEVILLE, FL 32578 US		ERHOLT					
		US					
FEI Number:	59-3296984	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )		
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
13970 ST. NICEVILLE	.T, GARALD D HWY 20 W E, FL 32540	US					
	named entity : of Florida.	submits this statement for the p	urpose of changing i	ts registered	office or registered agent, or bo	oth,	
SIGNATUR	RE:						
	Electror	nic Signature of Registered Age	ent		Date		
Election Can	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	DVST ( ) OVERHOLT, G 13970 ST. HW NICEVILLE, FL	Y 20 W	Title: Name: Address: City-St-Zip:	P (2 OVERHOLT, C 13970 ST. HW NICEVILLE, F	VY 20 W		
Title: Name: Address:	D ( ) OVERHOLT, PA 13970 ST. HW		Title: Name: Address:	VP (X OVERHOLT, F 13970 ST. HW			

(X) Delete Title: Name: OVERHOLT, GARALD 13970 ST. HWY 20 W Address:

City-St-Zip:

City-St-Zip:

NICEVILLE, FL 32578

NICEVILLE, FL 32578

NICEVILLE, FL 32578 Title: () Change () Addition

Name: Address: City-St-Zip:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 VΡ 04/29/2008