

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # P95000050316

1. Entity Name
CONSTRUCTION SERVICES OF GAINESVILLE, INC.



Principal Place of Business
**2711 NW 6TH ST
SUITE A
GAINESVILLE, FL 32609**

Mailing Address
**P.O. BOX 2902
SUITE A
GAINESVILLE, FL 32602 US**



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3329413	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NIXON, C. DAVID
102 RIVERSIDE DRIVE
SATSUMA, FL 32189**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000689344
04/11/07-80031-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LANDIS, WILLIAM C. III
STREET ADDRESS	5821 NW 83RD TERR
CITY-ST-ZIP	GAINESVILLE, FL 32606

TITLE	VPST
NAME	NIXON, DAVID C.
STREET ADDRESS	102 RIVERSIDE DR
CITY-ST-ZIP	SATSUMA, FL 32189

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

C. David Nixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. David Nixon
V. President

3/28/07
Date

352-372-8999
Daytime Phone #