

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90296 023 \*\*\*150.00

<b>DOCUMENT # P95000096287</b> 1. Entity Name <b>GULF COMMUNICATION CONTRACTORS, INC.</b>					
Principal Place of Business <b>3590 US HWY 331S</b> <b>STE 101</b> <b>DEFUNIAK SPRINGS, FL 32435 US</b>			Mailing Address <b>3590 US HWY 331S</b> <b>STE 101</b> <b>DEFUNIAK SPRINGS, FL 32435 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>59-3352274</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAMPBELL, JANET B</b> <b>876 HILL ST.</b> <b>DEFUNIAK SPRINGS, FL 32433</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CAMPBELL, JANET B</b> <b>876 HILL ST.</b> <b>DEFUNIAK SPRINGS, FL 32433</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CAMPBELL, KIMBERLY</b> <b>351 NITA DRIVE</b> <b>DEFUNIAK SPRINGS, FL 32433</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CAMPBELL, BOB</b> <b>876 HILL ST</b> <b>DEFUNIAK SPRINGS, FL 32433</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HICKS, STEVE A</b> <b>301 EDGEWOOD ROAD</b> <b>DEFUNIAK SPRINGS, FL 32433</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Campbell, Kimberly</b> <b>134 Windham Way</b> <b>Defuniak Springs, FL 32433</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Campbell, Kimberly</b> <b>134 Windham Way</b> <b>Defuniak Springs, FL 32433</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE: Janet Campbell Janet Campbell</b> <b>4/13/05 (850)892-3404</b>					