

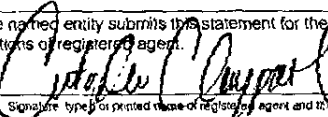
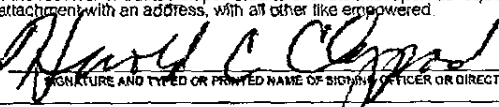


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000010513</b>		
1. Entity Name <b>GULF TO BAY CONSTRUCTION, INC.</b>		
Principal Place of Business <b>16266 SAN CARLOS BLVD. FORT MYERS, FL 33908</b>		Mailing Address <b>16266 SAN CARLOS BLVD. FORT MYERS, FL 33908</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01192006 No Chg-P CR2E034 (11/05)
4. FEI Number <b>65-0726443</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>CLAYPOOL, CHRISTOPHER 14370 MCGREGOR BLVD. FT. MYERS, FL 33919</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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:  <b>4-3-06</b> <small>Signature type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees <b>U00000492807 04/19/06-80080-004 150.00</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CLAYPOOL, CHRISTOPHER 16266 SAN CARLOS BLVD. FORT MYERS, FL 33908</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>CLAYPOOL, HAROLD 16266 SAN CARLOS BLVD. FORT MYERS, FL 33908</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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:  <b>U.P.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3-31-06</b> <small>Date Daytime Phone</small>