## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2008 08:00 AN Secretary of State

DOCUMENT # P9700062644  1. Entity Name G & G BUILDING CONTRACTOR'S INC.					`	Secretary of	St
Principal Place 4761 BAYOU PENSACOLA		Mailing Address 4761 BAYOU BLVD PENSACOLA, FL 32503 US	;		ipalyabt de ipdi iesu kedii erlii abi	N 1891 W 1811 W 1818 W	1 <b>28</b> 1
					03262008 No Chg-P CR2E034 (11/05)		
C	O NOT WRITE	IN THIS SPA	CE	4. FE 5	il Number 9-3456934 entificate of Status Desired	Applied I Not Appl  \$8.75 Additional	licable
	6. Name and Address of Current Re	gistered Agent		र ४६६४ <b>।</b> सन्दर्भक्षाः द्वस्तास		Fee Required	
CHERNEKOFF, GERALD S 4761 BAYOU BLVD. PENSACOLA, FL 32503					DO NOT W N THIS SP	ACE	
	e named entity submits this statement for the consol registered agent.  Signature, typed or printed name of registered agent and			egistered agen		orida. I am familiar with, and ac	ccept -
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fir Trust Fund Contributio			ncing	\$5.00 May Added to Fed	y Be es		
10.	OFFICERS AND DIF	RECTORS	Traffic vi			LOTER BESTER	gan.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHERNEKOFF, GERALD S 4761 BAYOU BLVD PENSACOLA, FL 32503				U00000 03/15/08	921934 80027-009 150:00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEARD, JEFFREY 6875 SANTA CLARA NAVARRE, FL 32566						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					O NOT W	RITE	

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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 impowered to execute this report as equired 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Dat

Daytime Phone #