2008 FOR PROFIT CORPORATION

FILED May 19, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P97000092642** 05-19-2008 90033 016 ***150 00 1. Entity Name GATCO CONSTRUCTION, INC. Mailing Address Principal Place of Business 12995 S CLEVELAND AVENUE, SUITE 285 12995 S CLEVELAND AVENUE, SUITE 285 FORT MYERS, FL 33907 FORT MYERS, FL 33907 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 16570 CROWNS BURY WA 16576 CROWNSBUE Suite, Apt. #, etc. Suite, Apt. #, etc. 05142008 CR2E034 (12/06) Cha-P 4. FEI Number Applied For City & State City & State MYERS FL ORT T. MYERS 65-0790912 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required \mathcal{ULA} 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOORE, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 12995 SOUTH CLEVELAND AVENUE **SUITE 285** FORT MYERS, FL 33907 City Zip Code 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. MARY (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE MOORE ROBERT M. 16570' CROWNSBURY WAY #101 ROBERT M. MOORE, ROBERT M NAME NAME STREET ADDRESS 12995 S. CLEVELAND AVENUE #285 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33907 ☐ Addition TITLE ☐ Delete TITLE REYFF, MARY NAME NAME 16570 CROWNSBURY WAY #101 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT MYERS, FL 33908 ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CiTY-ST-ZiP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS

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 617, 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP