## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000017369

1. Entity Name
GRB CONSTRUCTION, INC.

FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business

730 KROEGEL AVENUE SEBASTIAN, FL 32958 Mailing Address

730 KROEGEL AVENUE SEBASTIAN, FL 32958



DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR28

CR2E034 (10/03)

FEI Number
 65-0814161

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYD, RAE L 730 KROEGEL AVE SEBASTIAN, FL 32958

## DO NOT WRITE IN THIS SPACE

|  |   | İ    |                |                                |  |  |
|--|---|------|----------------|--------------------------------|--|--|
| 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 Synature, Light Surprising hard of the produced agent and the diagraphic field agent signature required when translating)  100 DATE  100 |   |      |                |                                |  |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.  |   |      | , pa           | \$5.00 May Be<br>Added to Fees | ###################################### |  |
| 10,  | OFFICERS AND DIREC  | TORS |                |                                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | P<br>BOYD, GEORGE P<br>730 KROEGEL AVE<br>SEBASTIAN, FL 32958     |      | <del>-</del> · |                                |  |  |
| TITLE NAME STREET ADDRESS CITY ST ZIP  | VPS<br>BOYD, RAE L<br>730 KROEGEL AVENUE<br>SEBASTIAN, FL 32958   |      |                |                                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>MCMILLAN, JAMES<br>730 KROEGEL AVENUE<br>SEBASTIAN, FL 32958 |      |                | DO NOT WRITE                   |  |  |
| TITLE NAME STREET ADDRESS CITY ST ZIP  |   |      | IN THIS SPACE  |                                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST-ZIP   |   |      |                |                                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST ZIP   |   |      |                |                                |  |  |
| 12. I hereby certify that the information supplied with this filling does not quality 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 of the contraction or the receiver of the contraction or the receiver of the contraction.  |   |      |                |                                |  |  |