2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

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DOCUMENT # S40441 1. Entity Name GENERAL CONTRACTORS GROUP, INC.								08 90337 04		
Principal Plac	e of Rusiness	. (j.)	Mailing Address			- 4 000	3 A V W			
Principal Place of Business 14695 TRIPLE EASLE COURT FORT MYERS, FL 33912 Mailing Address 14895 TRIPLE EASLE FORT MYERS, FL 339				_		. I PORTURE O		TI 1161 818N G IVIL BIGII	51811 B1811 G191	1881 la 1881
2. Principal Place of Business - No P.O. Box # 1732 W. Hwy 30 A			3. Mailing Address 1757 W. Hu	36 بر	A					
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 402		04112008	Chg-P	CR2E03	4 (12/06)		
City & Stat	te		City & State	<u> </u>		4. FEI Numb	er		Ap	plied For
	Rosa B		JANITH KOSA			65- 027	6359		No	t Applicable
^{Zip} 3245	- P	Country U.S. A	^{Zip} 32459	Country U. S		5. Certificate	of Status Desire		8.75 Add	
		and Address of Current R		<u> </u>	<u>'''' </u>	7. Name and	Address of No	w Registered A	<u>_</u>	
-5					Name					
GOCZESK				_					<u>-</u>	
14605 TRIPLE EAGLE OT.					Street Address (P.O. Box Number is Not Acceptable)					
	,	0012			1732	W. Hwe	304	Suite 40	72	
	çe ï				City	Zica Re	АСН,	FL	Zip Code	<u> </u>
8. The above	named entity	adbmits his statement for	the purpose of changing its	registered	office or regis	stered agent, or bo	oth, in the State of	of Florida, I am fa	miliar with,	and accept
the obligat	tions of registe	ered agent.		1	<i>.</i> .			0 1		
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SIGNATURE	Signature typed	or printed name of registered agent a	of the if applicable. (NOTE	- Registered A	Agent signature requ	Total Science Control of	<i>u</i>	DATE		
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indicated on this report or supplemental (eport is true and accurate and that my signature shall have the same legal effect as if made under outh; that I am an officer or director of the corporation or the receiver of trustep 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.

GNATURE:

GNATURE:

SIGNATURE: