



2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90337 043 ***150.00

DOCUMENT # S40441 1. Entity Name GENERAL CONTRACTORS GROUP, INC.					
Principal Place of Business 14095 TRIPLE EAGLE COURT FORT MYERS, FL 33912			Mailing Address 14095 TRIPLE EAGLE COURT FORT MYERS, FL 33912		
2. Principal Place of Business - No P.O. Box # 1732 W. HWY 30A Suite, Apt. #, etc. SUITE 402		3. Mailing Address 1732 W. HWY 30A Suite, Apt. #, etc. SUITE 402			
City & State SANTA ROSA BEACH, FLORIDA		City & State SANTA ROSA BEACH, FLORIDA		4. FEI Number 65-0276359	
Zip 32459		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOCZESKI, DANIEL E 14095 TRIPLE EAGLE CT. FORT MYERS, FL 33912				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 1732 W. HWY 30A SUITE 402 City SANTA ROSA BEACH, FL Zip Code 32459	
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 <u><i>Daniel E. Goczski</i></u> <i>President</i> DATE <u><i>April 18, 2008</i></u> <small>Signature typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOCZESKI, DANIEL E. 14095 TRIPLE EAGLE CT. FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS 1732 W. HWY 30A SUITE 402 SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GOCZESKI, HEIDE B. 14095 TRIPLE EAGLE CT FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Daniel E. Goczski</i></u> <i>President</i> DATE <u><i>April 18, 2008</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					