


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90053 031 ***550.00

DOCUMENT # F05000000003 1. Entity Name GCAFE, INC.					
Principal Place of Business 2114 EAGLE RIDGE DR BIRMINGHAM, AL 35242			Mailing Address 2114 EAGLE RIDGE DR BIRMINGHAM, AL 35242		
2. Principal Place of Business - No P.O. Box # 3190 E JOHNSON AVE Suite, Apt. #, etc.		3. Mailing Address 4075 Bedevere Dr Suite, Apt. #, etc.			
City & State PENSACOLA FL		City & State PENSACOLA FL		4. FEI Number 20-2043118	
Zip 32514		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GCAFE, INC. JBA GULF COAST EXPRESS 3190 E. JOHNSON AVE PENSACOLA, FL 32514				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	VP NORDEN, T.N. 2114 EAGLE RIDGE DR BIRMINGHAM, AL 35242		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3137 Harwick Dr Birmingham AL 35242	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HANNA, STEVEN 2114 EAGLE RIDGE DR BIRMINGHAM, AL 35242		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4075 Bedevere Dr PENSACOLA FL 32514	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HANNA, STEVEN 4914 WINDWOOD CIRCLE BIRMINGHAM, AL 35242		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4075 Bedevere Dr PENSACOLA FL 32514	
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>Steven Hanna</u> STEVEN HANNA 8-1-07 205 3682114 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					