

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

2008 MAY -1 A 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02182008 Chg-P CR2E034 (12/06)

DOCUMENT # P06000039289			
1. Entity Name G & D CONCESSIONS, INC.		Principal Place of Business P.O. BOX 180464 TALLAHASSEE, FL 32318	
Mailing Address P.O. BOX 180464 TALLAHASSEE, FL 32318		2. Principal Place of Business - No P.O. Box #	
3. Mailing Address		Suite, Apt. #, etc.	
City & State		City & State	
4. FEI Number APPLIED FOR	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HILL, DEBORAH 3839 N MONROE ST., #10 TALLAHASSEE, FL 32303		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, DEBORAH M	NAME	
STREET ADDRESS	P.O. BOX 180464	STREET ADDRESS	000128036800
CITY-ST-ZIP	TALLAHASSEE, FL 32318	CITY-ST-ZIP	05/01/08--01012--020 **150.00
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GLEN	NAME	
STREET ADDRESS	P.O. BOX 180464	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32318	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 empowerments.			
SIGNATURE: <u>Deborah M Hill</u>		Date: <u>4/30/08</u> Daytime Phone #: <u>850-519-2612</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	