

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000006883

FILED
Mar 18, 2009
Secretary of State

Entity Name: GBLJ, INC.

Current Principal Place of Business:

1050 PREAKNESS CT.
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

1050 PREAKNESS CT.
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 33-1156833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, JEANETTE
1050 PREAKNESS CT.
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MESSER, LAWRENCE
Address: 12391 CASHEROS COVE DRIVE, SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: THOMPSON, JEANETTE
Address: 4684 193RD DRIVE
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: MESSER, BRYAN
Address: 550 ROBLES LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: MESSER, GARIELA
Address: 550 ROBLES LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: THOMPSON, JEANETTE
Address: 1050 PREAK PRESS CT.
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANETTE THOMPSON

D

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date