


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P96000036466 1. Entity Name GDT, INC. OF SOUTH FLORIDA	
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Principal Place of Business 8250 COLLEGE PKWY #201 FORT MYERS, FL 33919	Mailing Address 8250 COLLEGE PKWY #201 FORT MYERS, FL 33919
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01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0730469	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

LEVAN, TERRIS T
8250 COLLEGE PKWY
#201
FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEVAN, TERRIS T 8250 COLLEGE PKWY #201 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STAIR, DARYL L 10440 GOLDEN EAGLE CT PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRANTZ, GARY 7240 COYOTE TRAIL LONGMONT, CO 80503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/02/08-80043-012 150.00

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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:  **TERRIS LEVAN** **3/13/08** **239-482-4581**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #