

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000080795

1. Entity Name
GIM OF SEMINOLE COUNTY, INC.



Principal Place of Business
520 WHISPERWOOD DRIVE
LONGWOOD, FL 32779 US

Mailing Address
520 WHISPERWOOD DRIVE
LONGWOOD, FL 32779 US



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3437758

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

INGRASSIA, ALAN R
520 WHISPER WOOD DRIVE
LONGWOOD, FL 32779

**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 _____
Signature, typed or printed name of registered agent and title if applicable (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. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	INGRASSIA, ALAN R
STREET ADDRESS	520 WHISPER WOOD DRIVE
CITY - ST - ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	INGRASSIA, KARLA M
STREET ADDRESS	520 WHISPER WOOD DRIVE
CITY - ST - ZIP	LONGWOOD, FL 32779
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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05/04/07-80052-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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: AR Ingrassia AR INGRASSIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07 407-247-0641
Date Daytime Phone #