

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000043349

FILED  
Mar 01, 2006  
Secretary of State

Entity Name: GMRI RESUPPLY WAREHOUSE COMPANY

## Current Principal Place of Business:

5900 LAKE ELLENOR DRIVE  
ORLANDO, FL 32809

## New Principal Place of Business:

## Current Mailing Address:

5900 LAKE ELLENOR DRIVE  
ORLANDO, FL 32809

## New Mailing Address:

5900 LAKE ELLENOR DRIVE  
CORPORATE TAX DEPT  
ORLANDO, FL 32809

FEI Number: 59-3450558

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS RD., SUITE 221E  
PALM BEACH GARDENS, FL 33410 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: D ( ) Delete  
Name: LAURIE, BURNS  
Address: 5900 LAKE ELLENOR DR  
City-St-Zip: ORLANDO, FL 32809

Title: VP ( ) Delete  
Name: SHIVES, PAULA J  
Address: 5900 LAKE ELLENOR DR.  
City-St-Zip: ORLANDO, FL 32809

Title: VS ( ) Delete  
Name: DOUGLAS, WENTZ  
Address: 5900 LAKE ELLENOR DR  
City-St-Zip: ORLANDO, FL 32809

Title: T ( ) Delete  
Name: HARRIGAN, PATRICK  
Address: 6100 LAKE ELLENOR DR  
City-St-Zip: ORLANDO, FL 32809

Title: AT ( ) Delete  
Name: WALKER, ANTHONY  
Address: 6100 LAKE ELLEN DR.  
City-St-Zip: ORLANDO, FL 32809

Title: AS ( ) Delete  
Name: STRONG, SUZANNE  
Address: 6100 LAKE ELLENOR DR.  
City-St-Zip: ORLANDO, FL 32809

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VS (X) Change ( ) Addition  
Name: DOUGLAS, WENTZ  
Address: 6000 LAKE ELLENOR DR  
City-St-Zip: ORLANDO, FL 32809

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

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

Title: AS (X) Change ( ) Addition  
Name: WEIDMAN, TOM  
Address: 6100 LAKE ELLENOR DR.  
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICK HARRIGAN

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03/01/2006

Electronic Signature of Signing Officer or Director

Date