

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096139

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: GMC PROPERTY MANAGEMENT, INC.

## Current Principal Place of Business:

9550 REGENCY SQUARE BLVD  
SUITE 902  
JACKSONVILLE, FL 32225 US

## New Principal Place of Business:

## Current Mailing Address:

9550 REGENCY SQUARE BLVD  
SUITE 902  
JACKSONVILLE, FL 32225 US

## New Mailing Address:

FEI Number: 85-2357650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLER, FRANK E ESQ.  
200 WEST FORSYTH ST,  
SUITE 1400  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

MILLER, FRANK E ESQ.  
245 RIVERSIDE AVENUE  
SUITE 400  
JACKSONVILLE, FL 32202 US

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:

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SIMMS, F J  
Address: 2647 CESERY BLVD.  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete  
Name: SIMMS, LINDA K  
Address: 2647 CESERY BLVD.  
City-St-Zip: JACKSONVILLE, FL 32211

Title: P ( ) Delete  
Name: SIMMS, CHRISTOPHER C.  
Address: 2647 CESERY BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP ( ) Delete  
Name: SIMMS, GREGORY S.  
Address: 2647 CESERY BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

## 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GREGORY SIMMS

VP

04/25/2005

Electronic Signature of Signing Officer or Director

Date