## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # P99000028524

1. Entity Name
GD VENTURES, INC.



FILED
May 05, 2008 08:00 AN
Secretary of State

Principal Place of Business

120 SOUTH ANOKA AVENUE AVON PARK, FL 33825 Mailing Address

120 SOUTH ANOKA AVENUE AVON PARK, FL 33825



#### DO NOT WRITE IN THIS SPACE

04292008 No

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0906204

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DONALDSON, DEVON P 1405 MISTY LAKE TERRACE AVON PARK, FL 33825

# DO NOT WRITE IN THIS SPACE

| ö. | 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, 2008 Fee will be \$550.00

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees U00000948836 06/03/08-80003-017 150.00

| Aitoi iii                                      | ay 1, 2000 1 00 Will be \$550.00   |       |  |
|--|--|-------|--|
| 10.  | OFFICERS AND DIRE  | CTORS |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | PD<br>DONALDSON, DEVON P<br>1405 MISTY LAKE TERRACE<br>AVON PARK, FL 33825 |       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | STD<br>HALL, GEORGE A<br>118 VERONA AVENUE<br>AVON PARK, FL 33825          |       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |       |  |

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 attach many with an laddress, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-06

Da

Daytime Phone #