


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90321 048 \*\*\*150.00

<b>DOCUMENT # P01000062796</b>					
1. Entity Name <b>GEMCO V, INC.</b>					
Principal Place of Business <b>5100 N. FEDERAL HWY., STE. 409 FT. LAUDERDALE FL 33308</b>			Mailing Address <b>5100 N. FEDERAL HWY., STE. 409 FT. LAUDERDALE FL 33308</b>		
2. Principal Place of Business <b>800 W Cypress Creek</b>			3. Mailing Address <b>800 W Cypress Creek</b>		
Suite, Apt. #, etc. <b>Ste 470</b>			Suite, Apt. #, etc. <b>Ste 470</b>		
City & State <b>Fort Lauderdale FL</b>			City & State <b>Fort Lauderdale FL</b>		
Zip <b>33309</b>		Country <b>USA</b>		Zip <b>33309</b>	
				Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>LEGEL, LARRY 800 W CYPRESS CREEK RD. STE 470 FORT LAUDERDALE FL 33309</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEGEL, LARRY 800 W CYPRESS CREEK RD. STE 470 FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GRIGSBY, BRUCE 3419 SE 8TH ST #7 POMPANO BEACH FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD REEDER, DARRYL 2802 CENTER DR FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E034 (10/04)

4. FEI Number **65-1114478** Applied For  
Not Applicable

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

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-05