

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90008 032 \*\*\*150.00

**DOCUMENT # 013878**

1. Entity Name  
GTC, INC.



Principal Place of Business

502 FIFTH STREET  
STE 400  
PORT ST JOE, FL 32456 US

Mailing Address

908 W FRONTVIEW  
DODGE CITY, KS 67801 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-0432770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
CCEO  
JOHNSON, EUGENE B  
STREET ADDRESS  
521 MOREHEAD, STE. 250  
CITY-ST-ZIP  
CHARLOTTE, NC 28202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
COO  
NIXON, PETER G  
STREET ADDRESS  
521 MOREHEAD, STE. 250  
CITY-ST-ZIP  
CHARLOTTE, NC 28202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
CFO  
LEACH, WALTER E JR  
STREET ADDRESS  
521 MOREHEAD, STE. 250  
CITY-ST-ZIP  
CHARLOTTE, NC 28202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EXC. VP/Corp. Development ☒ Change ☐ Addition

TITLE  
NAME  
SVP  
LINN, SHIRLEY J GC  
STREET ADDRESS  
521 MOREHEAD, STE. 250  
CITY-ST-ZIP  
CHARLOTTE, NC 28202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
VP  
HOOD, LISA R  
STREET ADDRESS  
908 W FRONTVIEW  
CITY-ST-ZIP  
DODGE CITY, KS 67801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
P  
FAISON, JAMES B  
STREET ADDRESS  
502 CECIL COSTIN BLVD  
CITY-ST-ZIP  
PORT SAINT JOE, FL 32456 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06

Date

620-227-4400

Daytime Phone #