

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Aug 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 270220

1. Entity Name

G.M.C. ENTERPRISES, INC.



Principal Place of Business
313 W. CRESCENT DRIVE
P.O. BOX 1266
CLEWISTON FL 33440

Mailing Address
313 W. CRESCENT DRIVE
P.O. BOX 1266
CLEWISTON FL 33440



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

City & State

4. FEI Number

59-1111997

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARSEN, KARL E
313 E CRESCENT DR
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

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 is required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPS
NAME LARSEN, ERIK C.
STREET ADDRESS 243 W. PARK AVE.
CITY-ST-ZIP WINTER PARK FL

☐ Delete

TITLE
NAME LARSEN, KARL E.
STREET ADDRESS 1001 SE 2ND STREET
CITY-ST-ZIP BELLE GLADES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

U00000771179
08/02/07-80001-010 550.00

TITLE
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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:

Karl E. Larsen
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karl E. Larsen

Date

7/30/07

Daytime Phone #