## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 270220**

Entity Name: G.MC. ENTERPRISES, INC.

BELLE GLADES, FL

City-St-Zip:

FILED Mar 18, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 313 W. CRESCENT DRIVE 313 W. CRESCENT DRIVE P.O. BOX 1266 CLEWISTON, FL 33440 CLEWISTON, FL 33440 **Current Mailing Address: New Mailing Address:** 313 W. CRESCENT DRIVE P.O. BOX 1266 CLEWISTON, FL 33440 FEI Number: 59-1111997 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LARSEN, KARL E 313 E CRESCENT DR CLEWISTON, FL 33440 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: VPS () Delete Title: () Change () Addition LARSEN, ERIK C., Name: Name: 243 W. PARK AVE. Address: Address: City-St-Zip: WINTER PARK, FL City-St-Zip: ( ) Delete Title: Title: () Change () Addition LARSEN, KARL E., Name: Name: 1001 SE 2ND STREET Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ERIK LARSEN VPS 03/18/2009