

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 414580

FILED
Jul 11, 2006
Secretary of State

Entity Name: GAMMON ENTERPRISES, INC.

Current Principal Place of Business:

99 W GRANADA AVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

99 W GRANADA BLVD
ORMOND BEACH, FL 32174

Current Mailing Address:

99 W GRANADA AVE
ORMOND BEACH, FL 32174

New Mailing Address:

99 W GRANADA BLVD
ORMOND BEACH, FL 32174

FEI Number: 59-3306628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMMON, RODERICK B
99 W GRANADA AVE
ORMOND BEACH, FL 32074 US

Name and Address of New Registered Agent:

GAMMON, RODERICK B
99 W GRANADA BLVD
ORMOND BEACH, FL 32074 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:

07/11/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAMMON, RODERICK B,
Address: RELAY ROAD
City-St-Zip: ORMOND BEACH, FL

Title: S () Delete
Name: GAMMON, MARTHA J,
Address: RELAY ROAD
City-St-Zip: ORMOND BEACH, FL

Title: V () Delete
Name: GAMMON, RODERICK B JR
Address: 12 TOMOKA COVE WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: GAMMON, SHEILA
Address: 12 TOMOKA COVE WAY
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHEILA GAMMON

T

07/11/2006

Electronic Signature of Signing Officer or Director

Date