


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90069 012 ***150.00

DOCUMENT # 414580
 1. Entity Name
GAMMON ENTERPRISES, INC.



Principal Place of Business
99 W GRANADA BLVD
ORMOND BEACH, FL 32174

Mailing Address
99 W GRANADA BLVD
ORMOND BEACH, FL 32174

40062073

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04032008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3306628 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GAMMON, RODERICK B
99 W GRANADA BLVD
ORMOND BEACH, FL 32074

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 *Roderick B. Gammon* **4-3-08**
 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, 2008 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 | P | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GAMMON, RODERICK B | | | NAME | | | |
| STREET ADDRESS | RELAY ROAD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORMOND BEACH, FL | | | CITY-ST-ZIP | | | |
| TITLE | S | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GAMMON, MARTHA J | | | NAME | | | |
| STREET ADDRESS | RELAY ROAD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORMOND BEACH, FL | | | CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GAMMON, RODERICK B JR | | | NAME | | | |
| STREET ADDRESS | 12 TOMOKA COVE WAY | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 | | | CITY-ST-ZIP | | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GAMMON, SHEILA | | | NAME | | | |
| STREET ADDRESS | 12 TOMOKA COVE WAY | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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 *Roderick B. Gammon* **4-3-08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #