2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# 506655

Entity Name: GMI HOLDING COMPANY

Current Principal Place of Business:

900 S BAY BLVD
P. O. BOX 862
ANNA MARIA, FL 34216

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 862
ANNA MARIA, FL 34216

New Mailing Address:

FEI Number: 59-1691932 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALATI, JOSEPH
900 SOUTH BAY BLVD.
P. O. BOX 862
ANNA MARIA, FL 34216 US

Name and Address of New Registered Agent:

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:

Title:	SD	( ) Delete
Name:	GALATI, CARMINE	
Address:	900 SOUTH BAY BLVD	
City-St-Zip:	ANNA MARIA, FL 34216	
Title:	PD	( ) Delete
Name:	GALATI, JOSEPH	
Address:	3957 INDIAN TRAIL DRIVE	
City-St-Zip:	DESTIN, FL 32541	
Title:	TD	( ) Delete
Name:	GALATI, MICHAEL A JR	
Address:	900 SOUTH BAY BLVD	
City-St-Zip:	ANNA MARIA, FL 34216	
Title:	VD	( ) Delete
Name:	GALATI, CHRISTOPHER	
Address:	900 SOUTH BAY BLVD	
City-St-Zip:	ANNA MARIA, FL 34216	
Title:	D	( ) Delete
Name:	GALATI, FRANCES M	
Address:	4109 51ST DRIVE W	
City-St-Zip:	BRADENTON, FL 34210	

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:	
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: JOSEPH GALATI PRES 01/09/2006

Electronic Signature of Signing Officer or Director — Date