

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 506655

FILED
Apr 08, 2011
Secretary of State

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

OFFICERS AND DIRECTORS:

Title: SD
Name: GALATI, CARMINE
Address: 900 SOUTH BAY BLVD
City-St-Zip: ANNA MARIA, FL 34216

Title: PD
Name: GALATI, JOSEPH
Address: 900 SOUTH BAY BLVD
City-St-Zip: ANNA MARIA, FL 34216

Title: TD
Name: GALATI, MICHAEL A JR
Address: 900 SOUTH BAY BLVD
City-St-Zip: ANNA MARIA, FL 34216

Title: VD
Name: GALATI, CHRISTOPHER
Address: 900 SOUTH BAY BLVD
City-St-Zip: ANNA MARIA, FL 34216

Title: D
Name: GALATI, FRANCES M
Address: 900 SOUTH BAY BLVD
City-St-Zip: ANNA MARIA, FL 34216

Title: D
Name: PLYMALE, R. DARREN
Address: 900 SOUTH BAY BLVD.
City-St-Zip: ANNA MARIA, FL 34216

I hereby 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 all other like empowered.

SIGNATURE: JOE GALATI

PD

04/08/2011

Electronic Signature of Signing Officer or Director

Date