


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 677922</b> 1. Entity Name GMHC INVESTMENTS, INC.	
----------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 108 BAILEY DR NICEVILLE, FL 32578	Mailing Address 108 BAILEY DR NICEVILLE, FL 32578
---------------------------------------------------------------------	---------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2015844	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, GERALD R.  
4514 PARKVIEW LANE  
NICEVILLE, FL 32578

**DO NOT WRITE IN THIS SPACE**

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

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

U00000834150  
02/28/08-80041-008, 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, GERALD R 8 BLUEWATER DR. NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, MARK WILLIAM 827 WEEDEN ISLAND RD. NICEVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, KEVIN ROBERT 150 DANA POINTE RD NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MILLER, CHARLOTTE A 150 DANA POINTE RD NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:

*Charlotte A. Miller (DS)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/08  
Date

850-678-5100  
Daytime Phone #