

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90661 036 ***150.00

DOCUMENT # F00000002403

1. Entity Name

GCMC, INC.



Principal Place of Business

**113 WATEREDGE COURT -
SAFETY HARBOR FL 34695-5132**

Mailing Address

**113 WATEREDGE COURT
SAFETY HARBOR FL 34695-5132**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

City & State

Safety Harbor, FL

Zip

Country

Zip

Country

4. FEI Number

43-1835090

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALBRAITH, JOSEPH
113 WATEREDGE COURT
SAFETY HARBOR FL 34695-5132**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Safety Harbor

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

**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 PSD ☐ Delete
NAME GALBRAITH, JOSEPH B
STREET ADDRESS 113 WATEREDGE COURT
CITY-ST-ZIP: SAFETY HARBOR FL 34695-5132

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Safety Harbor, FL**
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME GALBRAITH, BARBARA
STREET ADDRESS 113 WATEREDGE COURT
CITY-ST-ZIP SAFETY HARBOR FL 34695-5132

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Safety Harbor, FL**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

Date

727-797-2160

Daytime Phone #