

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000002201**

1. Entity Name  
GC PARTNERS, INC.



Principal Place of Business  
33525 S. DIXIE HWY.  
HOLLYWOOD, FL 33024

Mailing Address  
3816 FORRESTGATE DR.  
WINSTON-SALEM, NC 27103



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-1820539

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LEDER, NATHAN I  
1330 SE 4TH AVE SUITE 6  
FORT LAUDERDALE, FL 33316

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1111111399927  
02/01/06-80033-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE C  
NAME LEDER, NATHAN I  
STREET ADDRESS 1330 SE 4TH AVE SUITE 6  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE DVP  
NAME BODENHAMER, WILLIAM H JR.  
STREET ADDRESS 1330 S.E. 4TH AVE., STE. D  
CITY-ST-ZIP FT LAUDERDALE, FL 33316

TITLE PCEO  
NAME GRONEWOLLER, DAVID E  
STREET ADDRESS 3816 FORRESTGATE DR.  
CITY-ST-ZIP WINSTON-SALEM, NC 27103

TITLE S  
NAME WEAVER, TIMOTHY S  
STREET ADDRESS 3816 FORRESTGATE DR.  
CITY-ST-ZIP WINSTON-SALEM, NC 27103

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #