

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005028

Entity Name: GFLT INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

295 ANCHOR RD  
CASSELBERRY, FL 32707

## New Principal Place of Business:

## Current Mailing Address:

295 ANCHOR RD  
CASSELBERRY, FL 32707

## New Mailing Address:

PO BOX 181008  
CASSELBERRY, FL 32718

FEI Number: 27-0017881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARNETTE, BARBARA  
13564 FALCON PANTE DR  
ORLANDO, FL 32837 US

## Name and Address of New Registered Agent:

SANDIBAR, INC.  
13564 FALCON PANTE DR  
ORLANDO, FL 32837 US

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: BARBARA BARNETTE

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WINDSOR, WILLIAM  
Address: 295 ANCHOR RD  
City-St-Zip: CASSELBERRY, FL 32707

Title: VP ( ) Delete  
Name: TIERNEY, PATRICK K  
Address: 1731 KALEYWOOD CT  
City-St-Zip: ORLANDO, FL 32806

Title: S ( ) Delete  
Name: NEAL, WILLIAM SCOTT  
Address: 8401 RIVERBRANCH PL  
City-St-Zip: SANFORD, FL 32771

Title: T ( ) Delete  
Name: CHAPIN, GREGORY A  
Address: 30337 MARNE WAY  
City-St-Zip: MENIFEE, CA 92584

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WINDSOR, WILLIAM  
Address: PO BOX 181008  
City-St-Zip: CASSELBERRY, FL 32718

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: NEAL, WILLIAM SCOTT  
Address: 2311 ARBOR LAKES CIR  
City-St-Zip: SANFORD, FL 32771

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM WINDSOR

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date