

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000076

Entity Name: GFF, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

7901 BAY MEADOWS WAY, SUITE 25
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

PO BOX 1150
TUCKER, GA 30085

New Mailing Address:

FEI Number: 65-1200929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSWELL, JOHN
7901 BAY MEADOWS WAY, SUITE 25
JACKSONVILLE, FL 32256 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: INBAR, GIORA
Address: 5650 E. PONCE DE LEON AVENUE
City-St-Zip: STONE MOUNTAIN, GA 30083

Title: D (X) Delete
Name: ALALUF, YOSSI
Address: 5650 E. PONCE DE LEON AVENUE
City-St-Zip: STONE MOUNTAIN, GA 30083

Title: D (X) Delete
Name: LEV, DANIEL
Address: 5650 E. PONCE DE LEON AVENUE
City-St-Zip: STONE MOUNTAIN, GA 30083

Title: DP () Delete
Name: YAKIR, NADAR
Address: 5650 E. PONCE DE LEON AVENUE
City-St-Zip: STONE MOUNTAIN, GA 30083

Title: ST () Delete
Name: HENDERSON, TIMOTHY J
Address: 5650 E. PONCE DE LEON AVENUE
City-St-Zip: STONE MOUNTAIN, GA 30083

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: TIMOTHY J. HENDERSON

ST

04/28/2009

Electronic Signature of Signing Officer or Director

Date