
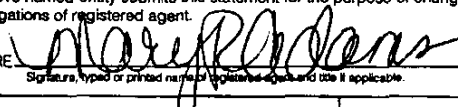
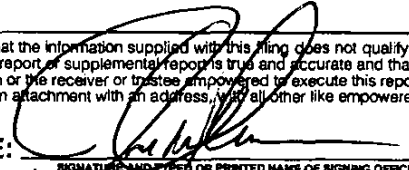


**FILED**  
**Jul 27, 2007 8:00 am**  
**Secretary of State**

07-27-2007 90008 032 \*\*\*550.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|   |                                    |  |   |
|---|------------------------------------|--|---|
| <b>DOCUMENT # F06000001464</b>  |                                    |   |   |
| 1. Entity Name<br>GBCC, INC.  |                                    |  |   |
| Principal Place of Business<br>2809 8TH STREET<br>TUSCALOOSA, AL 35401  |                                    | Mailing Address<br>PO BOX 356<br>NORTHPORT, AL 35476   |   |
| 2. Principal Place of Business - No P.O. Box #  |                                    | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |                                    | Suite, Apt. #, etc.  |   |
| City & State  |                                    | City & State   |   |
| Zip   | Country                            | Zip  | Country   |
| 6. Name and Address of Current Registered Agent   |                                    | 7. Name and Address of New Registered Agent  |   |
| BRENNAN, WILLIAM P<br>6015 W CO HWY 30A<br>SANTA ROSA BEACH, FL 32459   |                                    | Name<br>CT Corporation System<br>Street Address (P.O. Box Number is Not Acceptable)<br>1200 South Pine Island Rd.<br>City<br>Plantation FL Zip Code<br>33324 |   |
| 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:   |                                    | MARY R. ADAMS<br>ASSISTANT SECRETARY   |   |
| FILE NOW!!! FEE IS \$550.00<br>Due by September 14, 2007  |                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees   |   |
| 10. OFFICERS AND DIRECTORS  |                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE   | CP <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | GREENE, JASON W                    | NAME   |   |
| STREET ADDRESS  | PO BOX 356                         | STREET ADDRESS   |   |
| CITY-ST-ZIP   | NORTHPORT, AL 35476                | CITY-ST-ZIP  |   |
| TITLE   | <input type="checkbox"/> Delete    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                    | NAME   |   |
| STREET ADDRESS  |                                    | STREET ADDRESS   |   |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP  |   |
| TITLE   | <input type="checkbox"/> Delete    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                    | NAME   |   |
| STREET ADDRESS  |                                    | STREET ADDRESS   |   |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP  |   |
| TITLE   | <input type="checkbox"/> Delete    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                    | NAME   |   |
| STREET ADDRESS  |                                    | STREET ADDRESS   |   |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP  |   |
| TITLE   | <input type="checkbox"/> Delete    | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                    | NAME   |   |
| STREET ADDRESS  |                                    | STREET ADDRESS   |   |
| CITY-ST-ZIP   |                                    | CITY-ST-ZIP  |   |
| 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 reports 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:   |                                    | Date: 7/17/07 Daytime Phone #: (205) 391-4848  |   |
| SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>Jason W. Greene   |                                    |  |   |

40127413



07062007 Chg-P CR2E034 (12/06)

4. FEI Number 54-2083715 Applied For Not Applicable

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

MARY R. ADAMS

7/16/2007

ASSISTANT SECRETARY

FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

|                |                                    |
|----------------|------------------------------------|
| TITLE          | CP <input type="checkbox"/> Delete |
| NAME           | GREENE, JASON W                    |
| STREET ADDRESS | PO BOX 356                         |
| CITY-ST-ZIP    | NORTHPORT, AL 35476                |
| TITLE          | <input type="checkbox"/> Delete    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY-ST-ZIP    |                                    |
| TITLE          | <input type="checkbox"/> Delete    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY-ST-ZIP    |                                    |
| TITLE          | <input type="checkbox"/> Delete    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY-ST-ZIP    |                                    |
| TITLE          | <input type="checkbox"/> Delete    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY-ST-ZIP    |                                    |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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SIGNATURE:  Date: 7/17/07 Daytime Phone #: (205) 391-4848

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Jason W. Greene