
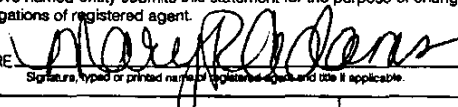
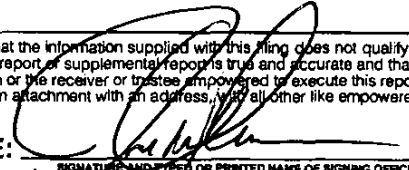


**FILED**  
**Jul 27, 2007 8:00 am**  
**Secretary of State**

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

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # F06000001464</b>					
1. Entity Name GBCC, INC.					
Principal Place of Business 2809 8TH STREET TUSCALOOSA, AL 35401		Mailing Address PO BOX 356 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		4. FEI Number 54-2083715	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRENNAN, WILLIAM P 6015 W CO HWY 30A SANTA ROSA BEACH, FL 32459			Name CT Corporation System		
			Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd.		
			City Plantation		
			FL Zip Code 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		7/16/2007	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent must be a resident of the State of Florida.) ASSISTANT SECRETARY		DATE	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be 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: 		Jason W. Greene		7/17/07	
Signature typed or printed name of signing officer or director				Date	
				(205) 391-4848	
				Daytime Phone #	

40127413



07062007 Chg-P CR2E034 (12/06)