

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F07000000816	
1. Entity Name G G M BUILDERS INCORPORATED	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 28 AM 9:47

Principal Place of Business 6854 NW BROOKHAVEN AVE PORT ST LUCIE FL 34983	Mailing Address 6854 NW BROOKHAVEN AVE PORT ST LUCIE FL 34983
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2. Principal Place of Business - No P.O. Box # 5000	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 43-2117305	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEYER, GEORGE A 6854 NW BROOKHAVEN AVE PORT ST LUCIE FL 34983	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 submitting.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYER, GEORGE 6854 NW BROOKHAVEN AVE PORT ST LUCIE FL 34983 Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900124336959 04/18/08--01023--002 **288.75 Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS 4/29/08 Change ☐ Addition ☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #