


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # F57020 1. Entity Name GANTT TAX SYSTEMS, INC.	
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Principal Place of Business 507 N. ARNOLD RD. PANAMA CITY BEACH, FL 32413-9226	Mailing Address 507 N. ARNOLD RD. PANAMA CITY BEACH, FL 32413-9226
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01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2145688	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GANTT, JOE B 507 N. ARNOLD RD. PANAMA CITY BEACH, FL 32413-9226	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000000059863
04/02/08-80039-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GANTT, JOE B 8 BLUE CRAB LANE PANAMA CITY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GANTT, ANNE D 8 BLUECRAB LANE PANAMA CITY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANCO, GRETCHEN G 113 COLONY HARBOUR RD PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE	

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 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:  **JOE B. GANTT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/08 850-233-6440
Date Daytime Phone #