

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F91246

Entity Name: G.C.M. ENTERPRISES, INC.

FILED
Jan 23, 2009
Secretary of State

Current Principal Place of Business:

3208 FLAGLER AVE. REAR
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

PO BOX 2294
KEYWEST, FL 330452294 US

New Mailing Address:

FEI Number: 59-2199245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FONT, GILBERT ALAN
3208 FLAGLER AVENUE, REAR
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

FONT, GILBERT A
3208 FLAGLER AVENUE, REAR
KEY WEST, FL 33040 US

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: GILBERT A FONT

01/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: FONT, GILBERT ALAN,
Address: 1315 20TH ST
City-St-Zip: KEY WEST, FL

Title: STD () Delete
Name: FONT, CHRISTINE M.,
Address: 1315 20TH ST
City-St-Zip: KEY WEST, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FONT, GILBERT A
Address: 1315 20TH ST
City-St-Zip: KEY WEST, FL

Title: VTD (X) Change () Addition
Name: FONT, CHRISTINE M
Address: 1315 20TH ST
City-St-Zip: KEY WEST, FL 33040 US

Title: SD () Change (X) Addition
Name: FONT, GILBERT A JR
Address: 541 AVE C
City-St-Zip: KEY WEST, FL 33040 US

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: GILBERT A FONT

PD

01/23/2009

Electronic Signature of Signing Officer or Director

Date