

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90178 010 ***150.00

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1. Entity Name
GTC FINANCE CORPORATION



Principal Place of Business
**502 FIFTH STREET
PT ST JOE, FL 32456**

Mailing Address
**908 W FRONTVIEW
DODGE CITY, KS 67801 US**



02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2642940

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEOC
NAME	JONHSON, EUGENE B
STREET ADDRESS	521 E MOREHEAD, STE. 250
CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	COO
NAME	NIXON, PETER G
STREET ADDRESS	521 E MOREHEAD, STE. 250
CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	CEO <i>Excl. VP/Corp. Development</i>
NAME	LEACH, WALTER E JR
STREET ADDRESS	521 E MOREHEAD, STE. 250
CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	VPS
NAME	LINN, SHIRLEY J GC
STREET ADDRESS	521 E MOREHEAD, STE. 250
CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	VP
NAME	HOOD, LISA R
STREET ADDRESS	908 W FRONTVIEW
CITY-ST-ZIP	DODGE CITY, KS 67801
TITLE	P
NAME	FAISON, JAMES B
STREET ADDRESS	502 FIFTH STREET
CITY-ST-ZIP	PORT SAINT JOE, FL 32456

**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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa R. Hood

Date

Daytime Phone #

2/23/06 *620-227-4480*