

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006375

Entity Name: G & C SUPPLY CO., INC.

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

P.O. DRAWER 459
ATWOOD, TN 382200459

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 459
ATWOOD, TN 382200459

New Mailing Address:

FEI Number: 62-0912993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLEY, BEN L
154 HICKORY AVE.
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: GREENWAY, KAY E
Address: 300 LAKESIDE LANE
City-St-Zip: TREZEVANT, TN 38258

Title: STD () Delete
Name: BURTON, GINA G
Address: 360 LAKESIDE LANE
City-St-Zip: TREZEVANT, TN 38258

Title: VD () Delete
Name: SHAW, THOMAS O
Address: 255 ADAMS ST
City-St-Zip: MC LEMORESVILLE, TN 38235

Title: D () Delete
Name: DOWDY, PAMELA G
Address: 1000 OLD TREZEVANT RD
City-St-Zip: TREZEVANT, TN 38258

Title: D () Delete
Name: FOSTER, STEPHEN B
Address: 554 ATWOOD ST
City-St-Zip: TREZEVANT, TN 38258

Title: D () Delete
Name: MCCLAIN, GREGORY M
Address: 330 JOHNSON ST.
City-St-Zip: TREZEVANT, TN 38258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KAY E GREENWAY

CPD

01/10/2007

Electronic Signature of Signing Officer or Director

Date