

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90011 013 ***150.00

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1. Entity Name

G-TOWN CORPORATION



Principal Place of Business

**74 SOUTH POWDER MILL ROAD
MORRIS PLAINS NJ 07950**

Mailing Address

**74 SOUTH POWDER MILL ROAD
MORRIS PLAINS NJ 07950**



2. Principal Place of Business

51 GIBRALTAR DRIVE

Suite, Apt. #, etc.

Suite 3B

3. Mailing Address

51 GIBRALTAR DRIVE

Suite, Apt. #, etc.

Suite 3B

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

22-3488790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GELLER, MICHAEL
STREET ADDRESS 74 SO. POWDER MILL ROAD
CITY-ST-ZIP MORRIS PLAINS NJ 07950

TITLE DT ☐ Delete
NAME GELLER, BENJAMIN
STREET ADDRESS 74 SO. POWDER MILL ROAD
CITY-ST-ZIP MORRIS PLAINS NJ 07950

TITLE S ☐ Delete
NAME GELLER, MARTIN
STREET ADDRESS 74 SO. POWDER MILL ROAD
CITY-ST-ZIP MORRIS PLAINS NJ 07950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 51 GIBRALTAR DR., Suite 3B
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 51 GIBRALTAR DR., Suite 3B
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 51 GIBRALTAR DR., Suite 3B
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME M. Adam Geller
STREET ADDRESS 51 GIBRALTAR DR., Suite 3B
CITY-ST-ZIP MORRIS PLAINS, NJ 07950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #