

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000001127

1. Entity Name

G-TOWN CORPORATION



Principal Place of Business

51 GIBALTRE DR STE 3B  
MORRIS PLAINS, NJ 07950

Mailing Address

51 GIBALTRE DR STE 3B  
MORRIS PLAINS, NJ 07950

**FILED**  
**Jan 23, 2008 08:00 A**  
**Secretary of State**



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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

*Michael Sella*

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000791795  
01/23/08-80091-008 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GELLER, MICHAEL  
STREET ADDRESS 51 GIBALTAR DR STE 3B  
CITY-ST-ZIP MORRIS PLAINS, NJ 07950

TITLE DT  
NAME GELLER, BENJAMIN  
STREET ADDRESS 51 GIBALTAR DR STE 3B  
CITY-ST-ZIP MORRIS PLAINS, NJ 07950

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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:

*Michael Sella*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #