## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # G83557**

1. Entity Name

G & S LAND DEVELOPMENT COMPANY, INC.



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1980 S SUNCOAST BLVD HOMOSASSA, FL 34448

US

20495 BEALS CHAPEL RD LENOIR CITY, TN 37772 US



03072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2380702

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STERCHI, GEORGE L 1980 S SUNCOAST BLVD. HOMOSASSA, FL 34448

## DO NOT WRITE IN THIS SPACE

HOMOSASSA, FL. 34448				IN	THIS	SPACE		
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registered o	office or r	egistered agent, or b	oth, in the Stat	e of Florida. I am I	amiliar with, an	d accep
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Age	ent 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		U00000884437 04/17/08-80044-004 150.00			i	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT PD STERCHI, GEORGE L 20495 BEALS CHAPEL RD LENOIR CITY, TN STD STERCHI, GAIL G 20495 BEALS CHAPEL RD	CTORS						4
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	LENOIR CITY, TN 37772			DO	NOT	WRITE		. <u>)</u> a
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in in	THIS	SPACE		; ;
TITLE NAME					u.			,

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.

CICNATUDE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Sair S. Sterede

BAIL G. Steach

4-3-08

(865) 986-1074 Phone

DATE