


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H26113</b> 1. Entity Name GCY, INC.	
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Principal Place of Business 1505 S.W. MARTIN HIGHWAY P.O. BOX 1469 PALM CITY, FL 34990	Mailing Address P.O BOX 1469 PALM CITY, FL 34991 US
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01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2464644	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

YOUNG, GEORGE C., JR.  
1505 S.W. MARTIN HIGHWAY  
PALM CITY, FL 34990

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YOUNG, GEORGE C., JR. 1505 S.W. MARTIN HIGHWAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ESSENWINE, BARBARA A 1505 S.W. MARTIN HIGHWAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ALLEN, ALBERT C., III 1505 S.W. MARTIN HIGHWAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHRYVER, DAVID W 1505 S.W. MARTIN HIGHWAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSEN, PETER 1505 SW MARTIN HIGHWAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/07-80033-023 158.75

**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: Barbara A Essenwine 1/7/07 772/286-8083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #