

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90074 021 \*\*\*158.75

**DOCUMENT # H83041**

1. Entity Name  
**GOVERNMENT CREDIT CORPORATION**



Principal Place of Business 2929 LANGLEY AVENUE SUITE 201 PENSACOLA, FL 32504 US	Mailing Address 2929 LANGLEY AVENUE SUITE 201 PENSACOLA, FL 32504 US
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2. Principal Place of Business 4301 Spanish Trail Road Suite, Apt. #, etc.	3. Mailing Address 4301 Spanish Trail Road Suite, Apt. #, etc.
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City & State Pensacola, FL	City & State Pensacola, FL	4. FEI Number 59-2603124	Applied For <input type="checkbox"/> Not Applicable
Zip 32504	Country U.S.	Zip 32504	Country U.S.



02092005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**ADAMS, FRANK**  
 2929 LANGLEY AVENUE  
 STE 201  
 PENSACOLA, FL 32504

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4301 Spanish Trail Road

City  
Pensacola, FL Zip Code  
32504

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.

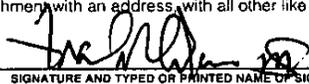
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GARMAN, STEPHEN L. 2929 LANGLEY AVENUE STE 201 PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4301 Spanish Trail Road Pensacola, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOONEY, JOSEPH 2929 LANGLEY AVE STE 201 PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4301 Spanish Trail Road Pensacola, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTM ADAMS, FRANK III 2455 TRONJO CR PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAINTER, CAROL 4750 SPANISH TRAIL RD PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: 4/04/05 DAYTIME PHONE #: 850-439-9567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR