

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90315 001 ***300.00

DOCUMENT # H84172

1. Entity Name

G.M.G. PROPERTIES, INC.



Principal Place of Business

4823 THOMAS DRIVE
PANAMA CITY BEACH FL 32408

Mailing Address

1225 AIRPORT RD
PANAMA CITY FL 32405

00016046



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE

CR2E034 (10/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2624374

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISCHER, MARY LEE
4823 THOMAS DRIVE
PANAMA CITY BEACH FL 32408

Name Angie Adams

Street Address 4823 Thomas Dr

City Panama City Bch FL Zip Code 32408

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

Angie Adams

Angie Adams

5/1/08

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
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 DVP ☐ Delete
NAME GOMEZ, MIGUEL
STREET ADDRESS 4823 THOMAS DR
CITY-ST-ZIP PANAMA CITY BCH FL

TITLE DST ☐ Delete
NAME MCLENDON, JERRY
STREET ADDRESS 4823 THOMAS DR
CITY-ST-ZIP PANAMA CITY BCH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Angie Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/08 850-215-3390

Day and Phone #