


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 A
Secretary of State

DOCUMENT # H90785 1. Entity Name G C R DEVELOPMENT CORP.	
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Principal Place of Business % NORMAN C. BELFER 120 SUNSET AVENUE, SUITE 3C PALM BEACH, FL 33480	Mailing Address % NORMAN C. BELFER 120 SUNSET AVENUE, SUITE 3C PALM BEACH, FL 33480
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01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2637902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BELFER, NORMAN C. 120 SUNSET AVENUE, SUITE 3C PALM BEACH, FL 33480

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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, 2005 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	DV BELFER, ELINOR 120 SUNSET AVE. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BELFER, NORMAN C. 120 SUNSET AVE. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELFER, LAUREN 20 CANTERBURY RD., 1F GREAT NECK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BELFER-DOPPELT, CAROLYN 447 E. SHORE RD. GREAT NECK, NY
TITLE NAME 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #