

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # H90785

1. Entity Name
G C R DEVELOPMENT CORP.



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**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2637902

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

000000430347
02/22/06-80046-001 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/06

Daytime Phone #