

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J99455

Entity Name: G & M OF JACKSONVILLE, INC.

FILED  
Jul 08, 2009  
Secretary of State

## Current Principal Place of Business:

11361 TRADE CT  
JACKSONVILLE, FL 32256 US

## New Principal Place of Business:

## Current Mailing Address:

11 GASKINS ST.  
ALAPAHA, GA 31622 US

## New Mailing Address:

91 MCCRANIE RD  
ALAPAHA, GA 31622 US

FEI Number: 59-2856525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AKEL, DANIEL D  
ONE INDEPENDENT DR  
2301 INDEPENDENT SQUARE  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HENDERSON, GARY C  
Address: 11 GASKINS ST.  
City-St-Zip: ALAPAHA, GA 31622

Title: VP ( ) Delete  
Name: WANBERG, CASSANDRA  
Address: 324 LEASORE CIR  
City-St-Zip: PINE MOUNTAIN, GA 31822

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HENDERSON, GARY C  
Address: 91 MCCRANIE RD  
City-St-Zip: ALAPAHA, GA 31622

Title: VP (X) Change ( ) Addition  
Name: WANBERG, CASSANDRA  
Address: 324 LEASURE CIR  
City-St-Zip: PINE MOUNTAIN, GA 31822

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY C HENDERSON

D

07/08/2009

Electronic Signature of Signing Officer or Director

Date