

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90104 009 ***150.00

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|--|--|---|--|--|--|
| DOCUMENT # L34846 1. Entity Name G.G.C. INC. OF LAKE MARY | | | | | |
| Principal Place of Business 1455 OVIEDO MARKETPLACE BLVD OVIEDO, FL 32765 | | | Mailing Address % GERRY A. SORENSEN 535 TIBERON COVE RD LONGWOOD, FL 32750 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address 1455 Oviedo Marketplace Blvd. | | |
| City & State Suite, Apt. #, etc. | | | City & State Oviedo, FL | | |
| Zip 32765 | | | Country USA | | |
| 4. FEI Number 59-2983512 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required. | | |
| 6. Name and Address of Current Registered Agent SOERSEN, GERRY A. 1758 ASTOR FARMS PLACE SANFORD, FL 32771 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 <u>Gerry A. Sorensen (New Mailing Address)</u> 4/15/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D SOERSEN, COLEEN 1455 OVEIDO MARKETPLACE BLBF OVIEDO, FL 32765 | <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"/> Change <input type="checkbox"/> Addition | | | |
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| 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 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: <u>Coleen R. Sorensen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4/15/06 407-359-7870 <small>Date Daytime Phone #</small> | | |