2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L34846

1. Entity Name
G.G.C. INC. OF LAKE MARY

Principal Place of Business	Mailing Address
1455 OVIEDO MARKETPLACE BLVD OVIEDO, FL 32765	1455 OVIEDO MARKET PL BLV D OVIEDO, FL 32765

DO NOT WRITE IN THIS SPACE

01162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2983512	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SORENSEN, GERRY A.
1455 OVIEDO MARKET PL BLVD
OVIEDO, FL 32765

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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_____
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, 2007 Fee will be $550.00

9. Election Campaign Financing   **$5.00** May Be
   Trust Fund Contribution   ☐   Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	SORENSEN, COLEEN
STREET ADDRESS	1455 OVEIDO MARKETPLACE BLBF
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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05/10/07-80036-010 150.00

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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: _Colen R Sorensen_   4/23/07   407- 359-7870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #