2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L95883

F.,4:4 . N. O O L D INIO

SEBRING, FL 33875

1371 BASE JOSEPACWIE DR.

Address:

City-St-Zip:

FILED Feb 04, 2009 Secretary of State

Entity Nar	ne: GCLPII	NC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
322 US 27 LAKE PLAG	SOUTH CID, FL 33852	2				
Current Mailing Address:			New Maili	New Mailing Address:		
322 US 27 LAKE PLA	SOUTH CID, FL 33852	2				
FEI Number:	59-3023665	FEI Number Applied For()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
THARP, M. 322 US 27 LAKE PLAG	ARK LEE SOUTH CID, FL 33852	2 US				
The above in the State		submits this statement for the pu	rpose of changing i	ts registered offi	ice or registered agent, or both,	
SIGNATUR	RE:					
	Electron	nic Signature of Registered Ager	nt		Date	
Election Can	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () THARP, MARK 52 MEADOW L LAKE PLACID,	AKE CIR	Title: Name: Address: City-St-Zip:	() C	Change () Addition	
Title: Name: Address: City-St-Zip:	DT () THARP, VERA I 52 MEADOW L LAKE PLACID,	AKE CIR	Title: Name: Address: City-St-Zip:	() C	Change () Addition	
Title: Name: Address: City-St-Zip:	DV () THARP, BRIAN 322 US 27 S LAKE PLACID,		Title: Name: Address: City-St-Zip:	() C	Change () Addition	
Title: Name:	DS () THARP, MARK) Delete L III	Title: Name:	DS (X) C	Change()Addition III	

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.

Address:

City-St-Zip:

3620 PAR RD

SEBRING, FL 33872

SIGNATURE: MARK LEE THARP **PRES** 02/04/2009