
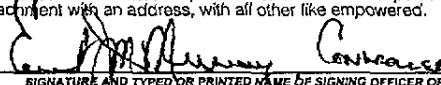


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M78392 1. Entity Name GMC MANAGEMENT CORP.		
Principal Place of Business 99 RIDGELAND ROAD ROCHESTER, NY 14623	Mailing Address 99 RIDGELAND ROAD ROCHESTER, NY 14623	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MERCIER, GEORGE E 3899 PRIARE DUNE DRIVE SARASOTA, FL 34238		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERCIER, MICHELLE 75 AMBASSADOR DRIVE ROCHESTER, NY 14610	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCIER, SARAH 295 AMBASSADOR DRIVE ROCHESTER, NY 14610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCMURRAY, ERNEST J 11 VIRGINIA MANOR ROAD ROCHESTER, NY 14606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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		1-16-06 585-424-3333 Date Daytime Phone #



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-1795199

Applied For
Not Applicable

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

000000399331
02/01/06-80006-007 158.75