2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 10, 2007 08:00 AM **DOCUMENT # M78824 Secretary of State** 1. Entity Name C. T. GORDON ENTERPRISES, INC. Principal Place of Business Mailing Address BOX 1763 BOX1763 SEEFING FL 33871-8763 **SEEFING FL 33871-8763** CR2E034 (11/05) 01052007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2888089 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GORDON, CARTER T. DO NOT WRITE 555 LAKE LOTELA DR AVON PARK, FL 33825 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS NAME GORDON, CARTER T. STREET ADDRESS 555 LAKE LOTELA DR CITY-ST-ZIP AVON PARK, FL U00000581064 01/10/07-00073-003 150.00 TITLE GORDON, JOYCE J. NAME STREET ADDRESS 555 LAKE LOTELA DR CITY-ST-ZIP AVON PARK, FL STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

CITY-ST-ZIP

SIGNATUR