


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90040 021 ***150.00

DOCUMENT # M92641

1. Entity Name
G.B.C., INC.



Principal Place of Business Mailing Address

70 FERNBROOK % **FRED L. COLOMBO**
70 FERNBROOK RD., EAST LAKE WOODLANDS **70 FERNBROOK RD., EAST LAKE WOODLANDS**
OLDSMAR, FL 34677 US **OLDSMAR, FL 34677**

ER

40000256



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

70 FERNBROOK RD **70 FERNBROOK RD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01042008 Chg-P CR2E034 (12/06)

City & State City & State

OLDSMAR, FLORIDA **OLDSMAR, FLORIDA**

4. FEI Number Applied For

59-2910795 Not Applicable

Zip Country Zip Country

34677 **34677**

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

6. Name and Address of Current Registered Agent

COLOMBO, FRED L.
70 FERNBROOK RD.
EAST LAKE WOODLANDS
OLDSMAR, FL 34677

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD COLOMBO, FRED L. 70 FERNBROOK RD. OLDSMAR, FL <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	SD COLOMBO, ANGELINE 70 FERNBROOK RD. OLDSMAR, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Angeline Colombo - ANGELINE COLOMBO 1-4-08 727-787-3137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #