

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000109

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: GKTW, INC.

**Current Principal Place of Business:**

210 SOUTH BASS ROAD  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

210 SOUTH BASS ROAD  
KISSIMMEE, FL 34746

**New Mailing Address:**

FEI Number: 59-3327385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LANDWIRTH, PAMELA M  
210 S BASS SROAD  
KISSIMMEE, FL 34746 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LANDWIRTH, HENRI,  
Address: 210 SOUTH BASS ROAD  
City-St-Zip: KISSIMMEE, FL 34746

Title: PD ( ) Delete  
Name: LANDWIRTH, PAMELA,  
Address: 210 SOUTH BASS ROAD  
City-St-Zip: KISSIMMEE, FL 34746

Title: TD ( ) Delete  
Name: CASSARA, MICHAEL D JR  
Address: 5678 IRLO BENSON HWY  
City-St-Zip: KISSIMMEE, FL 34746

Title: SD ( ) Delete  
Name: FRANTZ, RICHARD  
Address: 146 WEXFORD COURT  
City-St-Zip: STOCKBRIDGE, GA 30281

Title: CD ( ) Delete  
Name: SHORT, MICHAEL  
Address: 1000 UNIVERSAL STUDIOS PLAZA  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA LANDWIRTH

PD

01/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date