

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010194

Entity Name: G.T.N.J., INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

6722 E. FOWLER AVE.
TEMPLE TERRACE, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

6722 E. FOWLER AVE.
TEMPLE TERRACE, FL 33617 US

New Mailing Address:

FEI Number: 59-3623793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, FOWLER
ATTN: A. HIGBY
501 E. KENNEDY BLVD. SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

LEHMAN, TRACY L
6722 EAST FOWLER AVENUE
TEMPLE TERRACE, FL 33617 US

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: TRACY L. LEHMAN

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEHMAN, GARY
Address: 7237 LOVERS LANE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VD () Delete
Name: LEHMAN, TRACY
Address: 7237 LOVERS LANE
City-St-Zip: WESLEY TEMPLE, FL 33544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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.

SIGNATURE: TRACY L. LEHMAN

VD

04/16/2009

Electronic Signature of Signing Officer or Director

Date