2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000013759

1. Entity Name
G & I INVESTMENT CORP.

Principal Place of Business	Mailing Address
180 CYPRESS CLUB DR APT 815 POMPANO BEACH, FL 33060	PO BOX 526 CORNELIUS, NC 28031

DO NOT WRITE IN THIS SPACE

04032006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
58-2519958	Not Applicable

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

6. Name and Address of Current Registered Agent

SCHOMAKER, IRENE
180 CYPRESS CLUB DR
APT 815
POMPANO BEACH, FL 33060

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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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	SCHOMAKER, GUENTER	
STREET ADDRESS	180 CYPRESS CLUB DR	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	D	
NAME	SCHOMAKER, IRENE	
STREET ADDRESS	180 CYPRESS CLUB DR	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000494600
04/20/06-80052-009 150.00

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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: _____   4/3/06   954-295 9846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #