

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90392 037 ***150.00

DOCUMENT # P00000013759

1. Entity Name
G & I INVESTMENT CORP.



Principal Place of Business
**180 CYPRESS CLUB DR
APT 815
POMPAÑO BEACH, FL 33060**

Mailing Address
**PO BOX 526 4962
CORNELIUS, NC 28031
MODDASVILLE, N.C. 28117**

40087650



04012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2519958

Applied For
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
POMPAÑO BEACH, FL 33060**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 **POMPAÑO BEACH, FL 33060**

TITLE **D**
NAME **SCHOMAKER, IRENE**
STREET ADDRESS **180 CYPRESS CLUB DR**
CITY-ST-ZIP **POMPAÑO BEACH, FL 33060**

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IN THIS SPACE**

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: *Guenter G. Schomaker* **Pro. 4.19.07 954 295 9846**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #