2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000054744

Entity Name: GFP HOLDING CORPORATION, INC.

FILED May 03, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	GERS AVE W DALE, FL 338:	23		
Current Mailing Address:			New Mailing Address:	
PO BOX 8 AUBURNI	00 DALE, FL 338:	23		
FEI Number	: 59-3652671	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
4221 W B	ATE CENTER	THREE AT INT'L PLAZA VD 10 FLOOR US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATUI	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
		3(2)(b), F.S., the corporation did n	ot receive the prior notice.	
	mpaign Financin S AND DIREC	g Trust Fund Contribution ().	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS
Title: Name:	D (VAN CLIEF, DO) Delete	Title: Name:	() Change () Addition
Address:	52 VISTA DRIV		Address:	
City-St-Zip:	EASTON, CT (City-St-Zip:	
	_			
Title:	•) Delete	Title:	() Change () Addition
Name:	SWANSON, RO	DREKT L	Name:	
Address:	PO BOX 800	EL 22022	Address:	
City-St-Zip:	AUBURNDALE	, FL 33823	City-St-Zip:	
Title:	DVP () Delete	Title:	() Change () Addition
Name:	LIPPY, WILLIA	M A	Name:	
Address:	P O BOX 800		Address:	
City-St-Zip:	AUBURNDALE	, FL 33823	City-St-Zip:	
Title:	CFO () Delete	Title:	() Change () Addition
Name:	SHERIDAN, J.		Name:	()
Address:	P O BOX 800		Address:	
City-St-Zip:	AUBURNDALE	. FL 33823	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: TIM SHERIDAN CFO 05/03/2007