2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P00000054744

Entity Name: GFP HOLDING CORPORATION, INC.

Current Principal Place of Business:

612 BRIDGERS AVE W
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

PO BOX 800
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-3652671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W BOY SCOUT BLVD 10 FLOOR
TAMPA, FL 336075736 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VAN CLIEF, DOUG
Address: 52 VISTA DRIVE
City-St-Zip: EASTON, CT 06612

Title: P ( ) Delete
Name: SWANSON, ROBERT L
Address: PO BOX 800
City-St-Zip: AUBURNDALE, FL 33823

Title: DVP ( ) Delete
Name: LIPPY, WILLIAM A
Address: P O BOX 800
City-St-Zip: AUBURNDALE, FL 33823

Title: CFO ( ) Delete
Name: SHERIDAN, J. TIM
Address: P O BOX 800
City-St-Zip: AUBURNDALE, FL 33823

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:

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: J. TIM SHERIDAN CFO 04/29/2009

Electronic Signature of Signing Officer or Director — Date