

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000069402

Entity Name: GK RESTORATIONS, CO.

FILED  
Jan 15, 2009  
Secretary of State

## Current Principal Place of Business:

155 PORSCHE LN  
CRAWFORDVILLE, FL 32327

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 5798  
TALLAHASSEE, FL 32314

## New Mailing Address:

FEI Number: 59-3672774

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEMPTON, GARY  
155 PORSCHE LN  
CRAWFORDVILLE, FL 32327 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: KEMPTON, GARY  
Address: 155 PORSCHE LN  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP ( ) Delete  
Name: KEMPTON, WESLEY N  
Address: 155 PORSCHE LN  
City-St-Zip: TALLAHASSEE, FL 32327

Title: SEC' ( ) Delete  
Name: KEMPTON, PEARL  
Address: PO BOX 5798  
City-St-Zip: TALLAHASSEE, FL 32314

Title: TRES ( ) Delete  
Name: TIMAN, JACQUELYN S  
Address: 748 LEWIS BLVD S  
City-St-Zip: TALLAHASSEE, FL 32305

## 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: JACQUELYN S TIMAN

TRES

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date