

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000072305	
1. Entity Name GTACK MGMT., INC.	

Principal Place of Business 130 TREASURE PALM DR. PANAMA CITY BEACH, FL 32408	Mailing Address 130 TREASURE PALM DR. PANAMA CITY BEACH, FL 32408
---	---

DO NOT WRITE IN THIS SPACE



08302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3658974	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

HERBERT, KEVIN
130 TREASURE PALM DR.
PANAMA CITY, FL 32408

**DO NOT WRITE
IN THIS SPACE**

9. 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 _____ DATE _____

(NOTE: Registered Agent's signature is required when (re)appointing)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
---	---

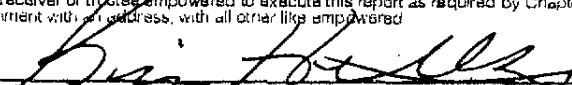
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEBERT, KEVIN 130 TREASURE PALM DRIVE PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000377531
09/01/05-80003-003 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplementary 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:  8-30-05 850 234-5152

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