


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P0000073795</b>	
1. Entity Name G.G. MARKERS, INC.	

Principal Place of Business 4815 N. COOLIDGE AVE. TAMPA, FL 33614	Mailing Address P O BOX 47625 TAMPA, FL 33647
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**DO NOT WRITE IN THIS SPACE**



03012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3666505	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  IRIMESCU, BENJAMIN P 9340 WELLINGTON PARK CIRCLE TAMPA, FL 33647	<b>DO NOT WRITE IN THIS SPACE</b>
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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 <u>BRE</u> <u>BENJAMIN P. IRIMESCU</u> <u>2/28/07</u>	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000656722 03/14/07-80037-019 150.00
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST IRIMESCU, BENJAMIN 9340 WELLINGTON PARK CIRCLE TAMPA, FL 33647	
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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: <u>BRE</u> <u>BENJAMIN P. IRIMESCU</u> <u>2/28/07</u> <u>813.994.2455</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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