

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90330 004 ***150.00

DOCUMENT # P01000001640

1. Entity Name

G.G.C. INC. OF ALTAMONTE



Principal Place of Business
535 TIBERON COVE ROAD
LONGWOOD FL 32750

Mailing Address
535 TIBERON COVE ROAD
LONGWOOD FL 32750

2. Principal Place of Business

1455 Oviedo Marketplace Blvd

3. Mailing Address

(SAME AS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

business address)

City & State

Oviedo, FL

City & State

4. FEI Number

59-3699179

Applied For

Not Applicable

Zip

Country

Zip

Country

32765-7475

San Jose

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SORENSEN, GERRY A

535 TIBERON COVE ROAD
LONGWOOD FL 32750

1758 Astor Farmsplace
Sanford, FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SORENSEN, COLEEN
STREET ADDRESS 535 TIBERON COVE ROAD
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1455 Oviedo Marketplace Blvd
CITY-ST-ZIP Oviedo, FL 32765-7475

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/05

407-359-7870