2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-21-2005 90223 043 ***150.00

DOCUMENT # P01000004996

1. Entity Name
GFD, INC.

Principal Place of Business	Mailing Address
7512 DR. PHILLIPS BLVD, STE 50, MB 514 ORLANDO, FL 32819	7512 DR. PHILLIPS BLVD, STE 50, MB 514 ORLANDO, FL 32819

04142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3050 MICHIGAN AVENUE	3050 MICHIGAN AVENUE
Suite, Apt. #, etc. KISSIMMEE	Suite, Apt. #, etc. KISSIMMEE
City & State FLORIDA	City & State FLORIDA
Zip 34744 Country USA	Zip 34744 Country USA

4. FEI Number
59-3692214
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUPREEZ, GEORGE
7512 DR. PHILLIPS BLVD, STE 50, MB 514
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name: **PAUL OXLEY**
Street Address (P.O. Box Number is Not Acceptable): **3050 MICHIGAN AVENUE**
City: **KISSIMMEE** **FL** Zip Code: **34744**

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 _____ **PAUL OXLEY, PRESIDENT** **APRIL 15, 2005**
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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUPREEZ, GEORGE F 7512 DR. PHILLIPS BLVD, STE 50, MB 514 ORLANDO, FL 32819	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAUL OXLEY 3050 MICHIGAN AVENUE KISSIMMEE, FLORIDA 34744	☒ Change ☐ Addition
		☐ Delete		DS BRAD ROSSER 3050 MICHIGAN AVENUE KISSIMMEE, FLORIDA 34744	☒ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition

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: _____ **PAUL OXLEY, PRESIDENT** **APRIL 15, 2005** **(407) 518 7433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #