


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90086 006 \*\*\*150.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # P01000006567</b><br>1. Entity Name<br><b>G T STRATEGIES, INC.</b>  |   |   |   |    |  |
| Principal Place of Business<br><b>188 SAN JUAN DR<br/>PONTE VEDRA BEACH, FL 32082</b>  |   |   | Mailing Address<br><b>188 SAN JUAN DR<br/>PONTE VEDRA BEACH, FL 32082</b> |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |  |
| City & State   |   | City & State  |   |   |  |
| Zip  | Country   | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent  |   |   | 7. Name and Address of New Registered Agent                               |   |  |
| <b>TONSAGER, GENE A<br/>188 SAN JUAN DR.<br/>PONTE VEDRA BEACH, FL 32082</b>   |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City        |   |  |
|  |   |   | <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>     |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                     |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DPST<br><b>TONSAGER, GENE A</b> <input type="checkbox"/> Delete<br><b>PO BOX 2237</b><br><b>PONTE VEDRA BEACH, FL 32004</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>188 SAN JUAN DRIVE</b><br><b>PONTE VEDRA BEACH, FL 32082</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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>Gene A. Tonsager</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   | Date: <b>3/9/06</b> Daytime Phone #: <b>(904) 285-3083</b>                |   |  |

40031371



03092006 Chg-P CR2E034 (11/05)

4. FEI Number  
**58-2595556**

Applied For  
Not Applicable

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

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, 2006 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  
**DPST**  
**TONSAGER, GENE A** ☐ Delete  
**PO BOX 2237**  
**PONTE VEDRA BEACH, FL 32004**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
**188 SAN JUAN DRIVE**  
**PONTE VEDRA BEACH, FL 32082**

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SIGNATURE: Gene A. Tonsager  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/9/06**    Daytime Phone #: **(904) 285-3083**