

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024551

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: GOTHIC ENTERPRISES, INC.

## Current Principal Place of Business:

10420 66TH ST UNIT  
PINELLAS PARK, FL 33782

## New Principal Place of Business:

## Current Mailing Address:

12157 WEST LINEBAUGH AVENUE  
UNIT 344  
TAMPA, FL 33626

## New Mailing Address:

FEI Number: 59-3702356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHARLES G. MOORE, P.A.  
1135 PASADENA AVE  
SUITE 301  
ST. PETERSBURG, FL 33707 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: STRUZZERI, JOSEPH J  
Address: 10420 66TH ST. UNIT 6  
City-St-Zip: PINELLAS PARK, FL 33782

Title: SVD ( ) Delete  
Name: STRUZZERI, JOSEPH J  
Address: 10420 66TH ST UNIT 6  
City-St-Zip: PINELLAS PARK, FL 33782

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: KOESLING, BONNIE J  
Address: 10420 66TH ST. UNIT 6  
City-St-Zip: PINELLAS PARK, FL 33782

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH J. STRUZZERI

SVD

04/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date