


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000043018</b> 1. Entity Name <b>GMV OF CENTRAL FLORIDA, INC.</b>	
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Principal Place of Business <b>12335 WINDSTREAM LANE JACKSONVILLE, FL 32258</b>	Mailing Address <b>C/O 9218 SONIA ST. ORLANDO, FL 32825</b>
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02212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number <b>59-3716713</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**FOLEY, WILLIAM  
12335 WINDSTREAM LANE  
JACKSONVILLE, FL 32258**

**DO NOT WRITE  
IN THIS SPACE**

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 of person or firm named as registered agent and its (their) name

(NOTE: Registered Agent's signature required when changing agent)

DATE

*2-25-05*

**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**

TITLE NAME STREET ADDRESS CITY ST ZIP	<b>PSTD FOLEY, WILLIAM R JR 12335 WINDSTREAM LANE JACKSONVILLE, FL 32258</b>
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IN THIS SPACE**

05/01/05-59015-115-150.75

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 #

*2-25-05*