

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90321 048 ***150.00

DOCUMENT # P01000062796		
1. Entity Name GEMCO V, INC.		

Principal Place of Business 5100 N. FEDERAL HWY., STE. 409 FT. LAUDERDALE FL 33308	Mailing Address 5100 N. FEDERAL HWY., STE. 409 FT. LAUDERDALE FL 33308
--	--

2. Principal Place of Business 800 W Cypress Creek	3. Mailing Address 800 W Cypress Creek
Suite, Apt. #, etc. Ste 470	Suite, Apt. #, etc. Ste 470
City & State Fort Lauderdale FL	City & State Fort Lauderdale FL
Zip 33309	Country USA



1st MOORE CR2E034 (10/04)

4. FEI Number 65-1114478	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent LEGEL, LARRY 800 W CYPRESS CREEK RD. STE 470 FORT LAUDERDALE FL 33309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

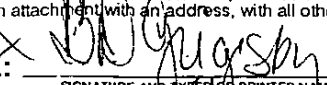
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(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 NAME STREET ADDRESS CITY - ST - ZIP	D LEGEL, LARRY 800 W CYPRESS CREEK RD. STE 470 FORT LAUDERDALE FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GRIGSBY, BRUCE 3419 SE 8TH ST #7 POMPANO BEACH FL 33067 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD REEDER, DARRYL 2802 CENTER DR FORT LAUDERDALE FL 33308 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4-20-05	Daytime Phone #
---	--	------------------------	-----------------