

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062796

Entity Name: GEMCO V, INC.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

800 W. CYPRESS CREEK  
STE 470  
FORT LAUDERDALE, FL 33309

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 611167  
POMPANO BEACH, FL 33061

## New Mailing Address:

FEI Number: 65-1114478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEGEL, LARRY  
800 W CYPRESS CREEK RD. STE 470  
FORT LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

BANTA, GAVIN ESQ  
515 E LAS OLAS BLVD  
STE 850  
FORT LAUDERDALE, FL 33301 US

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: GAVIN BANTA, REGISTERED AGENT

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D (X) Delete  
Name: LEGEL, LARRY  
Address: P.O. BOX 611167  
City-St-Zip: POMPANO BEACH, FL 33061

Title: PSTD ( ) Delete  
Name: GRIGSBY, BRUCE  
Address: P. O. BOX 611167  
City-St-Zip: POMPANO BEACH, FL 33061

Title: S ( ) Delete  
Name: ZANE, DIANE  
Address: P.O. BOX 611167  
City-St-Zip: POMPANO BEACH, FL 33061

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BRUCE GRIGSBY

PSTD

04/21/2009

Electronic Signature of Signing Officer or Director

Date