


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90055 014 ***150.00

DOCUMENT # P01000122182			
1. Entity Name G&C TOMLIN, INC.			
Principal Place of Business 5637 MARLINE PKWY NEW PORT RICHEY FL 34652		Mailing Address 5637 MARLINE PKWY NEW PORT RICHEY FL 34652	
2. Principal Place of Business - No P.O. Box # 5637 MARLINE PKWY		3. Mailing Address 5637 MARLINE PKWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NEW PORT RICHEY, FL		City & State NEW PORT RICHEY, FL	
Zip 34652	Country PASO	Zip 34652	Country PASO
6. Name and Address of Current Registered Agent TOMLINSON, GEORGE 4094 SEA DRAGON BLUFF SPRING HILL FL 34609		7. Name and Address of New Registered Agent Name TOMLINSON, GEORGE Street Address (P.O. Box Number is Not Acceptable) 4094 SEA DRAGON BLUFF City SPRING HILL FL Zip Code 34609	
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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P TOMLINSON, GEORGE 4094 SEA DRAGON BLUFF SPRING HILL FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P TOMLINSON, GEORGE 4094 SEA DRAGON BLUFF SPRING HILL FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP TOMLINSON, CHRISTOPHER 9479 MONTICELLO CRWV. SPRING HILL FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP TOMLINSON, CHRISTOPHER 9479 MONTICELLO CRWV. SPRING HILL FL 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Section 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: Christopher Tomlinson CHRISTOPHER TOMLINSON 2/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #