2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 17, 2009
Secretary of State

DOCUMENT# P02000000654

Entity Name: GORDON ENTERPRISES, INC.

Current Principal Place of Business:

112 S. MATANZAS AVE.
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

112 S. MATANZAS AVE.
TAMPA, FL 33609

New Mailing Address:

FEI Number: 26-0010053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORDON, ALAN F DPST
112 S. MATANZAS AVE
TAMPA, FL 33609 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

OFFICERS AND DIRECTORS:

Title:	DPST	( ) Delete
Name:	GORDON, ALAN F	
Address:	112 S. MATANZAS AVE.	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	( ) Delete
Name:	GORDON, LENOIR Y	
Address:	112 S. MATANZAS AVE	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	(X) Delete
Name:	LEWELLYN, BRIAN J	
Address:	12302 FOREST HILLS DR	
City-St-Zip:	TAMPA, FL 33612	
Title:	D	(X) Delete
Name:	FORBES, DONALD R	
Address:	805 KILGORE RD	
City-St-Zip:	PLANT CITY, FL 33567	
Title:	DIR	(X) Delete
Name:	GARSKE, MATTHEW	
Address:	6404 WINGFOOT CIRCLE	
City-St-Zip:	TAMPA, FL 33634	
Title:	D	(X) Delete
Name:	FORBES, JENNIFER	
Address:	805 KILGORE ROAD	
City-St-Zip:	PLANT CITY, FL 33567	

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:	
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: ALAN F GORDON DPST 12/17/2009

Electronic Signature of Signing Officer or Director — Date