

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000062479**

1. Entity Name

G M C OF LANTANA, INC.



Principal Place of Business

630 MAPLEWOOD DRIVE  
100  
JUPITER FL 33458

Mailing Address

630 MAPLEWOOD DRIVE  
100  
JUPITER FL 33458

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

04-3683037

Applied For  
Not Applied

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, WILLIAM E  
630 MAPLEWOOD DRIVE  
100  
JUPITER FL 33458

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May 2  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | CD                        | <input type="checkbox"/> Delete |
| NAME           | SOLOMON, JOHN C II        |                                 |
| STREET ADDRESS | 630 MAPLEWOOD DRIVE, #100 |                                 |
| CITY- ST- ZIP  | JUPITER FL 33458          |                                 |
| TITLE          | PD                        | <input type="checkbox"/> Delete |
| NAME           | GRAZIOTTO, RAYMOND E      |                                 |
| STREET ADDRESS | 630 MAPLEWOOD DRIVE, #100 |                                 |
| CITY- ST- ZIP  | JUPITER FL 33458          |                                 |
| TITLE          | SCFO                      | <input type="checkbox"/> Delete |
| NAME           | TAYLOR, WILLIAM E         |                                 |
| STREET ADDRESS | 630 MAPLEWOOD DRIVE, #100 |                                 |
| CITY- ST- ZIP  | JUPITER FL 33458          |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY- ST- ZIP  |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY- ST- ZIP  |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY- ST- ZIP  |                           |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

|                |  |                                                              |
|----------------|--|--------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY- ST- ZIP  |  |                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY- ST- ZIP  |  |                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY- ST- ZIP  |  |                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY- ST- ZIP  |  |                                                              |

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: *William E. Taylor* CFO

3-11-2006 561-625-9445