2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

Daytime Phone #

| ANNUAL REPURI | | C4 CC4- |
|--|-------------------------------|--|
| DOCUMENT # P02000066530 1. Entity Name G. ENT, INC. | | Secretary of Sta |
| Principal Place of Business Mailing Address | | |
| 4836 NAPOLI DR 4836 NAPOLI DR NAPLES, FL 34103 NAPLES, FL 34103 | | |
| MATELS, 12 34103 | | |
| | | |
| | | 01272007 No Chg-P CR2E034 (11/05) |
| DO NOT WRITE IN THIS SPA | CE | 4. FEI Number Applied For |
| | | 30-0088298 Not Applicable |
| | | 5. Certificate of Status Desired |
| Name and Address of Current Registered Agent | 1 , | , |
| BRADLEY, GLENN | 1 | DO NOT WRITE |
| 4836 NAPOLI DR NAPLES, FL 34103 | | the state of the s |
| NAFLES, FL 34103 | | IN THIS SPACE |
| | | n de la companya de l |
| 8. The above named entity submits this statement for the purpose of changing its register | ed office or registered | d agent, or both, in the State of Florida. I am familiar with, and accept |
| the obligations of registered agent. | | |
| SIGNATURE | ed Agent signature required w | hen reinstating) DATE |
| | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution. | | 10 Мау Во 1 to Fees 02/06/07-80034-013 150.00 |
| 10. OFFICERS AND DIRECTORS , | | |
| TITLE D NAME BRADLEY, GLENN | | The second secon |
| STREET ADDRESS 4836 NAPOLI DR CITY-ST-ZIP NAPLES, FL 34103 | | of the second se |
| CITY-ST-ZIP NAPLES, FL 34103 | | |
| NAME | | |
| STREET ADDRESS CITY-SI-ZIP | | |
| TITLE | - | |
| NAME . | | |
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| NAME STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | 1 | The second of th |
| NAME STREET ADDRESS | 1.2.3 | |
| CITY-ST-ZIP | | at the second se |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exindicated on this report or supplemental report is true and accurate and that my signal. | iture shall have the sa | ime 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 changed, or on an attachment with an address, with all other like empowered. | ired by Chapter 607, I | Florida Statutes; and that my name appears in Block 10 or Block 11 if |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: