

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90032 029 ***150.00

DOCUMENT # P02000098648						
1. Entity Name GC LAND DEVELOPMENT, INC.						
Principal Place of Business 1400 MARSH LANDING PARKWAY SUITE 108 JACKSONVILLE BEACH FL 32250 US			Mailing Address 1400 MARSH LANDING PARKWAY SUITE 108 JACKSONVILLE BEACH FL 32250 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 16-1627358		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent X GARRISON, GARY M 312 OSPREY NEST COURT PONTE VEDRA BEACH FL 32082			7. Name and Address of New Registered Agent Name: GARY M GARRISON Street Address (P.O. Box Number is Not Acceptable): 1400 Marsh Landing Pkwy. #108 City: Jacksonville Beach FL Zip Code: 32250			
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME GARRISON, GARY M		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 312 OSPREY NEST CT	CITY-ST-ZIP PONTE VEDRA FL 32082			STREET ADDRESS 1400 marsh Landing Pkwy. #108	CITY-ST-ZIP Jacksonville Beach, FL 32250	
TITLE VP	NAME ROBERT, TOM		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 208 GOVERNORS RD	CITY-ST-ZIP PONTE VEDRA FL 32082			STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			2/27/04 904.280.4315			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>			