

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131557

Entity Name: G121, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

290 5TH AVENUE SOUTH  
NAPLES, FL 34102

## New Principal Place of Business:

2587 HALF MOON WALK  
NAPLES, FL 34102

## Current Mailing Address:

290 5TH AVENUE SOUTH  
NAPLES, FL 34102 US

## New Mailing Address:

2587 HALF MOON WALK  
NAPLES, FL 34102 US

FEI Number: 90-0056503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZORBALAS, SPIROS  
290 5TH AVENUE SOUTH  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

ZORBALAS, SPIROS  
2587 HALF MOON WALK  
NAPLES, FL 34102 US

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: SPIROS ZORBALAS

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ZORBALAS, SPIROS  
Address: 290 5TH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ZORBALAS, SPIROS  
Address: 2587 HALF MOON WALK  
City-St-Zip: NAPLES, FL 34102 US

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: SPIROS ZORBALAS

MR.

04/30/2009

Electronic Signature of Signing Officer or Director

Date