


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90636 006 \*\*\*150.00

<b>DOCUMENT # P03000021530</b> 1. Entity Name <b>GCLC, INCORPORATED</b>					
Principal Place of Business <b>3768 MICHAELS LANDING CIRCLE EAST JACKSONVILLE, FL 32224</b>			Mailing Address <b>3768 MICHAELS LANDING CIRCLE EAST JACKSONVILLE, FL 32224</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>12620-3 BEACH BLVD. # 325</b>			
City & State		City & State <b>JACKSONVILLE, FLORIDA</b>			
Zip <b>32246</b>	Country <b>USA</b>	4. FEI Number <b>32-0061084</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAXENA, JAYANT 3768 MICHAELS LANDING CIRCLE EAST JACKSONVILLE, FL 32224</b>			7. Name and Address of New Registered Agent Name <b>JOHN D. HOPPE</b> Street Address (P.O. Box Number is Not Acceptable) <b>225 E. LEMON STREET, SUITE 300</b> City <b>LAKELAND</b> <b>FL</b> Zip Code <b>33801</b>		
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 <u><i>[Signature]</i></u> DATE <u>4/2/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SAXENA, JAYANT 3768 MICHAELS LANDINGS CIRCLE EAST JACKSONVILLE, FL 32224</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b><del>MANAGING PARTNER</del> DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>JAYANT SAXENA 12620-3 BEACH BLVD, # 325 JACKSONVILLE, FLORIDA 32246</b> </b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SAXENA, ANUPAM 2165 EMERALD RIDGE DRIVE LAKELAND, FL 33813</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u> <b>JAYANT SAXENA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>03/31/04</u> Daytime Phone # <u>9043891515</u>		