2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2005 08:00 AM Secretary of State

DOCUMENT # P03000 1. Entity Name GNCN ENTERPRINCES, INC.	036508		Secretary of Sta
Principal Place of Business 5466 MAPLE RIDGE CT. LAKE FOREST, FL 32771	Mailing Address 5466 MAPLE RIDGE CT. LAKE FOREST, FL 32771		
	TE IN THIS SPA	\CE	03032005 No Chg-P CR2E034 (10/03) 4. FEI Number
6. Name and Address of Co			DO NOT WRITE IN THIS SPACE
The above named entity submits this statem the obligations of registered agent. SIGNATURE Signature, typed or printed types of registered.		ered office or registere	red agent, or both, in the State of Florida. I am familiar with, and accept 3-05-06 d when reinstating) DATE
FILE NOW!!! FEE IS \$150.0 After May 1, 2005 Fee will be \$!			.00 May Be led to Fees
TITLE D HUSSIAN, GARY R STREET ADDRESS 5466 MAPLE RIDGE CT. CITY-ST-ZIP LAKE FOREST, FL 32771 TITLE NAME STREET ADDRESS CITY-ST-ZIP	AND DIRECTORS		U00000254446 03/07/05-80074-013 150.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SY-ZIP			4.00
12. I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver or trustee changed, or on an attachment with an addruged.	embuwered to execute this report as red	emption stated in Sec ature shall have the sa uired by Chapter 607.	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director r. Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE: Date Dayline Phone *			