2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000041242 FILED 04 AUG 12 PM 3: 02 G & C INVESTMENT PROPERTIES, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 410 NORTH ST STE 130 410 NORTH ST STE 130 LONGWOOD, FL 32750 LONGWOOD, FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08052004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 47-0920137 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, JESSE Street Address (P.O. Box Number is Not Acceptable) 1301 NADINE DR DELTONA, FL 32738 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE Delete TITLE ☐ Change Addition CRUZ, ROBERT NAME NAME 2586 SHEFFIELD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32738 CITY-ST-ZIP Delete TITLE THILE ☐ Change ☐ Addition GONZALEZ, JESSE NAME NAME 100040378331 STREET ADDRESS 1301 NADINE DR STREET ADDRESS 08/23/04--01005--002 CITY-ST-ZIP DELTONA, FL 32738 CITY-ST-7IP Secretary T Jesse J Gonzalez 1301 Nadine Dr. Delete Change TITLE ■ Addition TITLE SOTO, MINERVA NAME NAME STREET ADDRESS 410 NORTH ST STE 130 STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Chance ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP fing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this file indicated on this report or supplemental report is true of the corporation or the receiver or trustee empowers changed, or on an attachme wered SIGNATURE: TURE AND TYPED OR PRINTED GNING OFFICER OR DIRECTOR