

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90321 049 ***150.00

DOCUMENT # P03000050216

1. Entity Name

GEMCO VII, INC.



Principal Place of Business

5100 N. FEDERAL HIGHWAY
SUITE 409
FT. LAUDERDALE FL 33308

Mailing Address

5100 N. FEDERAL HIGHWAY
SUITE 409
FT. LAUDERDALE FL 33308

2. Principal Place of Business

800 W Cypress Creek
Suite, Apt. #, etc.
Ste 470

3. Mailing Address

800 W Cypress Creek
Suite, Apt. #, etc.
Ste 470

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33309

Country

USA

Zip

33309

Country

USA

6. Name and Address of Current Registered Agent

LEGEL, LARRY
800 W. CYPRESS CREEK RD - SUITE 470
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	GRIGSBY, BRUCE	
STREET ADDRESS	3419 S.E. 8TH ST. #7	
CITY-ST-ZIP	POMPAHO BEACH FL 33062	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LEGEL, LARRY	
STREET ADDRESS	800 W. CYPRESS CREEK RD Ste 470	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-5