

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000006899**

1. Entity Name  
**G & M ENTERPRISES USA, INC**



Principal Place of Business  
**468 WABASH TERRACE  
PORT CHARLOTTE, FL 33954**

Mailing Address  
**468 WABASH TERRACE  
PORT CHARLOTTE, FL 33954**



04092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0577560</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GRUENNERT, ROBERT  
468 WABASH TERRACE  
PORT CHARLOTTE, FL 33954**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GRUENNERT, ROBERT
STREET ADDRESS	468 WABASH TERRACE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954

TITLE	V
NAME	MESSMER, LANCE
STREET ADDRESS	6934 MUNSEE LANE
CITY-ST-ZIP	INDIANAPOLIS, IN 46260

TITLE	S
NAME	MESSMER, SANDRA
STREET ADDRESS	6934 MUNSEE LANE
CITY-ST-ZIP	INDIANAPOLIS, IN 46260

TITLE	T
NAME	GRUENNERT, BARBARA H
STREET ADDRESS	468 WABASH TERRACE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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05/01/07-80136-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**4/9/2007** **941-625-6688**  
Date Daytime Phone #