



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90096 012 ***158.75

DOCUMENT # P04000010607					
1. Entity Name GCC SERVICES, INC.					
Principal Place of Business 14345 COURTNEY WOODS LANE JACKSONVILLE, FL 32224			Mailing Address 14345 COURTNEY WOODS LANE JACKSONVILLE, FL 32224		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent ACCOUNTING & BUSINESS SOLUTIONS, INC. 9951 ATLANTIC BLVD. SUITE 418 JACKSONVILLE, FL 32225				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROOVER, CHARLES	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	14345 COURTNEY WOODS LANE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32224			CITY-ST-ZIP	
TITLE	VP			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROOVER, SHERRI D	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	14345 COURTNEY WOODS LANE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32224			CITY-ST-ZIP	
TITLE	D			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLESTON, JOSHUA	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	2712 WHITE AVENUE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	
TITLE	D			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, THOMAS	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	95 AVONDALE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	ST. MARY'S, GA 31558			CITY-ST-ZIP	
TITLE	D			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLESTON, TERESA	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	2712 WHITE AVENUE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	
TITLE	D			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, LYLIAN	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	95 AVONDALE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	ST. MARY'S, GA 31558			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 information.					
SIGNATURE: 				3/5/05 (904) 710-1659	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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4. FEI Number 20-0614297 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required