


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90255 036 ***150.00

DOCUMENT # P04000017986	
1. Entity Name GROUND CONTROL MAINTENANCE OF VERO BEACH, INC.	

Principal Place of Business 10026 18TH PLACE VERO BEACH, FL 32966	Mailing Address 10026 18TH PLACE VERO BEACH, FL 32966
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40097339



2. Principal Place of Business - No P.O. Box # 10026 18th Pl Suite, Apt. #, etc.	3. Mailing Address 10026 18th Pl Suite, Apt. #, etc.
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02212008 Chg-P CR2E034 (12/06)

City & State VERO Bch, FLA	City & State VERO BEACH, FLA
Zip 32966	Zip 32966
Country U.S.A	Country U.S.A

4. FEI Number 42-1614560	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TURNAGE, DUSTIN R 10026 18TH PLACE VERO BEACH, FL 32966	
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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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TURNAGE, DUSTIN R 10026 18TH PLACE VERO BEACH, FL 32966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TURNAGE, DUSTIN R 10026 18TH PLACE VERO BEACH, FL 32966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Dustin Turnage 4-25-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #