

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90707 001 *3,000.00

DOCUMENT # P04000036072

1. Entity Name
GC SHINES, INC.



Principal Place of Business

~~2790 KORI RD~~
~~JACKSONVILLE, FL 32267~~

Mailing Address

ANSBACHER & MCKEEL, P.A.
8818 GOODBYS EXECUTIVE DRIVE
JACKSONVILLE, FL 32217

66008349



2. Principal Place of Business - No P.O. Box #

10875 Old Dixie Highway

3. Mailing Address

Suite, Apt. #, etc.

Suite 5

Suite, Apt. #, etc.

02212008

Chg-P

CR2E034 (12/06)

City & State

Ponte Vedra, FL

City & State

4. FEI Number

27-0080390

Applied For

Not Applicable

Zip

32081

Country

St. Johns

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ANSBACHER & MCKEEL, P.A.
8818 GOODBYS EXECUTIVE DRIVE
JACKSONVILLE, FL 32217

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

TITLE **D** ☐ Delete
NAME **CARTER, GERALDINE C**
STREET ADDRESS ~~2790 KORI RD~~
CITY- ST- ZIP **JACKSONVILLE, FL 32267**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **10875 Old Dixie Highway, Suite 5**
CITY- ST- ZIP **Ponte Vedra, FL 32081**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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

Date

Daytime Phone #

3-10-08

904.759-0683