

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90027 025 \*\*\*550.00

**DOCUMENT # P04000079894**

1. Entity Name  
**GTC ENTERTAINMENT, INC.**

Principal Place of Business  
**3604 SOUTH OCEAN BLVD.  
#107  
ISLAND BEACH FL 33487**

Mailing Address  
**3604 SOUTH OCEAN BLVD.  
#107  
ISLAND BEACH FL 33487**

2. Principal Place of Business  
**3604 South Ocean Blvd**

3. Mailing Address  
**3604 South Ocean Blvd**

Suite, Apt. #, etc.  
**#107**

Suite, Apt. #, etc.  
**#107**

City & State  
**Highland Beach FL**

City & State  
**Highland Beach FL**

Zip  
**33487**

Country  
**U.S.A**

Zip  
**33487**

Country  
**U.S.A**



1st MOORE CR2E034 (10/04)

4. FEI Number  
**20-1166440**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHRISTOPHER D. NILES, PA  
3012 EAST COMMERCIAL BLVD.  
SUITE 200  
FORT LAUDERDALE FL 33308**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP WILSON, GEORGE 3604 SOUTH OCEAN BLVD., #107 ISLAND BEACH FL 33487 <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	S,T WILSON, GEORGE 3604 SOUTH OCEAN BLVD., #107 ISLAND BEACH FL 33487 <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	<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 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: George Wilson 7/1/2005 561-239-4180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #