

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90025 034 \*\*\*150.00

**DOCUMENT # P04000083448**  
 1. Entity Name  
 GC PROPERTIES & DEVELOPMENT, INC.



Principal Place of Business: 4821 MOSLEY LANE NORTH, CRESTVIEW, FL 32539  
 Mailing Address: 4821 MOSLEY LANE NORTH, CRESTVIEW, FL 32539

**50017417**



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

02162005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
 GEOGHAGAN, JEFFREY A  
 104 MUSKOGEE TRAIL  
 CRESTVIEW, FL 32536

4. FEI Number: 20-1172178  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name: Welton & Williamson, LLC  
 Street Address (P.O. Box Number is Not Acceptable): 1020 S. Ferdon Blvd.  
 City: Crestview FL Zip Code: 32536

B. 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: *Wayne Williamson* DATE: 2-17-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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: P NAME: GEOGHAGAN, JEFFREY A STREET ADDRESS: 104 MUSKOGEE TRAIL CITY-ST-ZIP: CRESTVIEW, FL 32536	<input type="checkbox"/> Delete	TITLE: P NAME: GEOGHAGAN, JEFFREY A. STREET ADDRESS: P. O. Box 1805 CITY-ST-ZIP: Crestview, FL 32536	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: CORBIN, JOHN J STREET ADDRESS: 4821 MOSLEY LANE NORTH CITY-ST-ZIP: CRESTVIEW, FL 32539	<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: *[Signature]* Date: 2/16/05 Daytime Phone #: 850 683 0075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR