

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


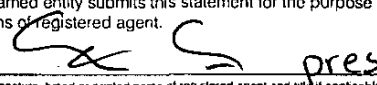
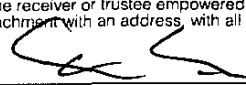
\$61.25

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000150626					
1. Entity Name GC 21, INC.					
Principal Place of Business 989 SEBASTIAN BLVD SEBASTIAN, FL 32958			Mailing Address 705-B SEBASTIAN BLVD SEBASTIAN, FL 32958		
2. Principal Place of Business 989 Sebastian Blvd		3. Mailing Address 989 Sebastian Blvd			
Suite, Apt. #, etc. 3		Suite, Apt. #, etc. Ste. 1			
City & State SEBASTIAN FL		City & State Sebastian FL		4. FEI Number 20-1799162	
Zip 32958		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, J SCOTT 705-B SEBASTIAN BLVD SEBASTIAN, FL 32958			7. Name and Address of New Registered Agent Name: Sanders, J. Scott Street Address (P.O. Box Number is Not Acceptable): 13680 N. INDIAN RIVER DR. City: Sebastian FL Zip Code: 32958		
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:  pres 7-25-05 (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	PSD SANDERS, J SCOTT 705-B SEBASTIAN BLVD SEBASTIAN, FL 32958	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Sanders, J Scott 13680 N. INDIAN RIVER DR. Sebastian FL 32958	<input checked="" 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	Howard E. Rizio 955 Starflower AVE SEBASTIAN FL 32958	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900058892429 08/23/05--01043--022 **197.50	<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
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
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:  7-25-05			772 388 2255		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		