

## **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000159360

Entity Name: GDD ENTERPRISES, INC.

**FILED**  
**May 17, 2005**  
**Secretary of State**

### **Current Principal Place of Business:**

2462 MAGNOLIA CIRCLE  
NORTH PORT, FL 34289

### **New Principal Place of Business:**

19847 MIDWAY BLVD  
PORT CHARLOTTEE, FL 33948

### **Current Mailing Address:**

2462 MAGNOLIA CIRCLE  
NORTH PORT, FL 34289

### **New Mailing Address:**

19847 MIDWAY BLVD  
PORT CHARLOTTE, FL 33948

FEI Number: 20-1918671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### **Name and Address of Current Registered Agent:**

CATALANO, GENNARO D  
2462 MAGNOLIA CIRCLE  
NORTH PORT, FL 34289 US

### **Name and Address of New Registered Agent:**

LAROCHE, DAVID  
19847 MIDWAY BLVD  
PORT CHARLOTTE, FL 33948 US

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.

SIGNATURE: DAVID LAROCHE

05/17/2005

Electronic Signature of Registered Agent

Date

### **OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: CATALANO, GENNARO  
Address: 2462 MAGNOLIA CIRCLE  
City-St-Zip: NORTH PORT, FL 34289

Title: VSD (X) Delete  
Name: LAROCHE, DAVID  
Address: 2462 MAGNOLIA CIRCLE  
City-St-Zip: NORTH PORT, FL 34289

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: LAROCHE, DAVID  
Address: 19847 MIDWAY BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LAROCHE

PTSD

05/17/2005

Electronic Signature of Signing Officer or Director

Date