

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90307 044 ***158.75

DOCUMENT # P04000165395 1. Entity Name GCI ENTERPRISES, INC.			
Principal Place of Business POST OFFICE BOX 1221 ANTHONY, FL 32617		Mailing Address POST OFFICE BOX 1221 ANTHONY, FL 32617	
2. Principal Place of Business 3293 NE 106 Street		3. Mailing Address 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Anthony FL		City & State	
Zip 32617		Country	
Country Marion		Zip	
4. FEI Number 20-1984236		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRUEGER, SCOTT 2750 NORTHWEST 43RD STREET SUITE 201 GAINESVILLE, FL 32606		7. Name and Address of New Registered Agent Name Charlana Kelly Street Address (P.O. Box Number is Not Acceptable) 3293 NE 106 St. City Anthony FL Zip 32617	
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 <u><i>Charlana Kelly</i></u> DATE <u>3/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	P KELLY, CHARLES POST OFFICE BOX 1221 ANTHONY, FL 32617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLY, CHARLANA POST OFFICE BOX 1221 ANTHONY, FL 32617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: <u><i>Charlana Kelly</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/10/05</u> Daytime Phone # <u>352.867.0238</u>	