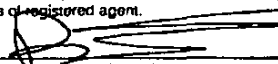
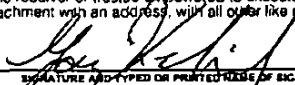


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-07-2006 90031 037 ***150.00

DOCUMENT # P04000171359			
1. Entity Name G N H & ASSOCIATES, INC.			
Principal Place of Business 7922 N 40TH ST TAMPA, FL 33604		Mailing Address 7922 N 40TH ST TAMPA, FL 33604	
2. Principal Place of Business 1214 West Bearss Ave Suite, Apt. #, etc.		3. Mailing Address 1214 West Bearss Ave Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
Zip 33613		Zip 33613	
Country		Country	
4. FEI Number 20-2018692		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		02202006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent SHORT, PAUL R 7522 N 40TH ST TAMPA, FL 33604		7. Name and Address of New Registered Agent Name Short, Paul R. Street Address (P.O. Box Number is Not Acceptable) 1214 West Bearss Ave City Tampa FL Zip Code 33613	
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  Paul R. Short DATE 2/21/06 (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	PD HELMICK, GARY N 1219 IRISBURG RD AXTON, VA 24054 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  GARY N. HELMICK, PRES.		DATE 2/25/06 DAYTIME PHONE # 226-632-7567	

00011100

