


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

01-26-2006 90027 029 ***150.00

1/2

DOCUMENT # P05000049635
 1. Entity Name
GCUC ENTERPRISES, INC.



Principal Place of Business Mailing Address
 2123 GRASSY POINT RD. P. O. BOX 8170
 PANAMA CITY FL 32409 PANAMA CITY FL 32409

66001837



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number **14-1926498** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent
 Name **Michael W Swearington**
 Street Address (P.O. Box Number is Not Acceptable) **2123 Grassy Point Rd**
 City **Panama City** FL Zip Code **32409**

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 *[Signature]* **Michael W Swearington, Pres** DATE **1-19-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaining)

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	PD	<input type="checkbox"/> Delete
NAME	SWEARINGTON, MICHAEL W	
STREET ADDRESS	2123 GRASSY POINT RD.	
CITY - ST - ZIP	PANAMA CITY FL 32409	
TITLE	VST	<input type="checkbox"/> Delete
NAME	SWEARINGTON, TAMMI	
STREET ADDRESS	2123 GRASSY POINT RD.	
CITY - ST - ZIP	PANAMA CITY FL 32409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signatures]* **Tammi Swearington Vice Pres** DATE **1-19-06** DAYTIME PHONE # **850-265-9144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT ATTACHMENT



66001837

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2006

GCUC ENTERPRISES, INC.
P. O. BOX 8170
PANAMA CITY, FL 32409

RECEIVED FEB 15 2006

Subject: GCUC ENTERPRISES, INC.

Reference Number: P05000049635

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM
ANNUAL REPORTS SECTION