2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000084409

Entity Name: G-PRO, INCORPORATED

FILED Jul 04, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
2440 CAR APOPKA,	OL WOODS WAY FL 32712 US			
Current Mailing Address:		New Mailing Address:		
	OL WOODS WAY FL 32712 US			
FEI Number	: FEI Number Applied For	() FEI Number Not Applicable (X) Certificate of Status Desir	ed ()	
Name and	l Address of Current Registered Age	ent: Name and Address of New Registered Agent:		
	SHT SERVICE OF FLORIDA, INC.			
	/ANNEE TR ERRY, FL 32707 US			
	e named entity submits this statement fo e of Florida.	or the purpose of changing its registered office or registered agent	, or both,	
SIGNATU	RE:			
	Electronic Signature of Register	red Agent Date		
	ice with s. 607.193(2)(b), F.S., the corporatio mpaign Financing Trust Fund Contribution (
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete GUTHRIE, JAMES 2440 CAROL WOODS WAY APOPKA, FL 32712 US	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	VP () Delete GUTHRIE, DEBBIE 2440 CAROL WOODS WAY APOPKA, FL 32712 US	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	S () Delete DIXON, BARBARA 2440 CAROL WOODS WAY APOPKA, FL 32712 US	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: Citv-St-Zip:	T () Delete PATANJO, BRANDI 2440 CAROL WOODS WAY APOPKA, FL 32712 US	Title: () Change () Addition Name: Address: City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DEBBIE E GUTHRIE VP 07/04/2007