


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90001 008 \*\*\*150.00

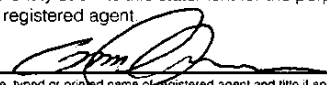
<b>DOCUMENT # P05000088645</b>	
1. Entity Name GT ENGINEERING, INC.	

Principal Place of Business 6361 39TH ST N 310 PINELLAS PARK, FL 33781	Mailing Address 6361 39TH ST N 310 PINELLAS PARK, FL 33781
---	---

2. Principal Place of Business - No P.O. Box # 3340 SCHERER DR	3. Mailing Address 3340 SCHERER DR
Suite, Apt. #, etc. 310 SUITE	Suite, Apt. #, etc. 310 SUITE
City & State ST PETERSBURG, FL	City & State ST PETERSBURG, FL

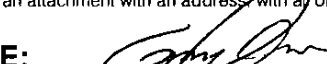
Zip 33716	Country USA	Zip 33716	Country USA
--------------	----------------	--------------	----------------

6. Name and Address of Current Registered Agent  THOMAS, GARY 1128 45TH STREET NORTH ST PETERSBURG, FL 33713	
--	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: 	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	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	C THOMAS, GARY 1128 45TH STREET NORTH ST PETERSBURG, FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, TIMOTHY 1200 39TH ST N SAINT PETERSBURG, FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: 	4-08-08 727 572-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #