


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90065 004 \*\*\*150.00

DOCUMENT # P05000119683		
1. Entity Name GORDON M. SITCH, INC.		
Principal Place of Business 17198 SE 99 AVENUE SUMMERFIELD FL 34491	Mailing Address 17198 SE 99 AVENUE SUMMERFIELD FL 34491	



2. Principal Place of Business - No P.O. Box # 17180 SE 99 AVE	3. Mailing Address 17180 SE 99 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Summerfield, FL	City & State Summerfield, FL
Zip 34491	Zip 34491
Country Marion	Country Marion

1st MOORE CR2E034 (10/06)

4. FEI Number 02-0748577		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SITCH, GORDON M JR. 17198 SE 99 AVENUE SUMMERFIELD FL 34491		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17180 SE 99 AVE City Summerfield FL Zip Code 34491		

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST SITCH, GORDON M JR. 17198 SE 99 AVENUE SUMMERFIELD FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17180 SE 99 AVE Summerfield, FL 34491
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SITCH, GORDON M SR. 17198 SE 99 AVENUE SUMMERFIELD FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17180 SE 99 AVE SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LAYTART, WANDA 17198 SE 99 AVENUE SUMMERFIELD FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17180 SE 99 AVE SUMMERFIELD, FL 34491
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 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: Wanda Laytart Sec. 2-6-07 352-307-1095  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #