

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

02-27-2006 90107 022 ***150.00

DOCUMENT # P05000137796					
1. Entity Name GTR TRADING, INC.					
Principal Place of Business 220 CULBREATH ROAD BROOKSVILLE, FL 34602			Mailing Address 220 CULBREATH ROAD BROOKSVILLE, FL 34602		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3589684	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, PAUL B 112 SOUTH MAGNOLIA AVENUE TAMPA, FL 33606				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 _____ Signature, typed or printed name of registered agent and fee applicant. (NOTE: Registered Agent signature required at this registration.)					
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	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WILLIAMS, RICHARD N		NAME		
STREET ADDRESS	24142 HAMPTON PLACE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33559		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WILLIAMS, ROBIN K.R.		NAME		
STREET ADDRESS	24142 HAMPTON PLACE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33559		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JOHNSON, KENNETH R		NAME		
STREET ADDRESS	220 CULBREATH ROAD		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34602		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JOHNSON, NANCY W		NAME		
STREET ADDRESS	220 CULBREATH ROAD		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34602		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Nancy W. Johnson* Nancy W. Johnson 2/21/06 352/754-4350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

66007428

