

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90025 049 ***158.75

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02192007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000006272 1. Entity Name G & N DEVELOPERS, INC.					
Principal Place of Business 9 MEADOWLAKE CIRCLE NORTH LAKE PLACID, FL 33852 US			Mailing Address 9 MEADOWLAKE CIRCLE NORTH LAKE PLACID, FL 33852 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4125013 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BAGETIS, GREGG P 9 MEADOWLAKE CIRCLE NORTH LAKE PLACID, FL 33852	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD ☐ Delete BAGETIS, NANCY E		TITLE	☐ Change ☐ Addition	
NAME	9 MEADOWLAKE CIRCLE NORTH		NAME		
STREET ADDRESS	LAKE PLACID, FL 33852		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	VPD ☐ Delete BAGETIS, GREGG P		TITLE	☐ Change ☐ Addition	
NAME	9 MEADOWLAKE CIRCLE NORTH		NAME		
STREET ADDRESS	LAKE PLACID, FL 33852		STREET ADDRESS		
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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: <i>Nancy E Bagetis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-20-07 863-465-2093 Date Daytime Phone #		