## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000071477

Entity Name: GC FIRE PROTECTION SERVICES, INC.

FILED May 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3400 AGRICULTTURAL CENTER DRIVE 630 W ADAMS STREET ST AUGUSTINE, FL 32092 JACKSONVILLE, FL 32204

**Current Mailing Address: New Mailing Address:** 

3400 AGRICULTTURAL CENTER DRIVE 630 W ADAMS STREET ST AUGUSTINE, FL 32092 JACKSONVILLE, FL 32204

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AVERY, RONALD KRALL, JOSEPH P 3400 AGRICULTURAL CENTER DRIVE 630 W ADAMS STREET JACKSONVILLE, FL 32204 SAINT AUGUSTINE, FL 32092 US

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.

SIGNATURE: JOSEPH P. KRALL 05/20/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: PRFS (X) Change ( ) Addition AVERY, RONALD Name:

Name: KRALL, JOSEPH P 3400 AGRICULTTURAL CENTER DRIVE 630 W ADAMS STREET Address: Address: City-St-Zip: ST AUGUSTINE, FL 32092 City-St-Zip: JACKSONVILLE, FL 32204

Title: Title: () Delete (X) Change ( ) Addition

Name: KRALL, JOSEPH P Name: KRALL, JOSEPH P 3400 AGRICULTTURAL CENTER DRIVE 630 W ADAMS STREET Address: Address: ST AUGUSTINE, FL 32092 JACKSONVILLE, FL 32204 City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: DT ( ) Delete CH

DEWITT, JAMES AVERY, RONALD Name: Name: 3400 AGRICULTTURAL CENTER DRIVE 630 W ADAMS STREET Address: Address: City-St-Zip: ST AUGUSTINE, FL 32092 City-St-Zip: JACKSONVILLE, FL 32204

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: JOSEPH P. KRALL **PRES** 05/20/2009