## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000129001

Entity Name: GCPC, INC.

City-St-Zip:

LYNN HAVEN, FL 32444

FILED Jan 17, 2009 Secretary of State

| Current Principal Place of Business:        |  |                                  | New Principal Place                         | New Principal Place of Business:            |  |
|---|--|----------------------------------|---|---|--|
|   | RD STREET<br>CITY, FL 3240                         | 05                               |   |   |  |
| Current Mailing Address:                    |  |                                  | New Mailing Address                         | New Mailing Address:                        |  |
|   | RD STREET<br>CITY, FL 3240                         | 05                               |   |   |  |
| FEI Number                                  | r: 20-5752574                                      | FEI Number Applied For()         | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )           |  |
| Name and                                    | d Address of (                                     | Current Registered Agent:        | Name and Address o                          | f New Registered Agent:                     |  |
| 105 EAST                                    | MICHAEL<br>23RD STREE<br>CITY, FL 3240             |                                  |   |   |  |
|   | e named entity<br>e of Florida.                    | submits this statement for the p | purpose of changing its registered          | d office or registered agent, or both,      |  |
| SIGNATU                                     | RE:  |                                  |   |   |  |
|   | Electro  | nic Signature of Registered Ag   | ent   | Date  |  |
| Election Ca                                 | mpaign Financin                                    | g Trust Fund Contribution ( ).   |   |   |  |
| OFFICERS AND DIRECTORS:                     |  |                                  | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D (<br>BARNES, MICI<br>1806 RHODE I<br>LYNN HAVEN, | SLAND AVE                        | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | V (<br>BARNES, MAT<br>2502 CAMRYN<br>PANAMA CITY   | I'S CROSSING                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                     |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | V (<br>BURNETTE, TO<br>1200 YATE AV<br>PANAMA CITY | Έ                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                     |  |
| Title:<br>Name:<br>Address:                 | S (<br>BARNES, WAN<br>1806 RHODE I                 |                                  | Title:<br>Name:<br>Address:                 | () Change () Addition                       |  |

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.

City-St-Zip:

SIGNATURE: MICHAEL BARNES PRES 01/17/2009