

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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FILED

12 OCT 16 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P10000049245**

1. Entity Name

G H INTERNATIONAL Inc.
1302 SORENTO Circle
MELBOURNE FL 32904



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2. Principal Place of Business - No P.O. Box #

1302 SORENTO Circle

3. Mailing Address

1302 SORENTO Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE FL

4. FEI Number

272851431

Applied For

☒ Not Applicable

Zip

32904

Country

FLORIDA

Zip

32904

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034B (5/07)

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7. Name and Address of Current Registered Agent

Name

Joseph G. Hartshorne

Street Address

1302 SORENTO Circle

City

Melbourne

FL

Zip Code

32904

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

Joseph G. Hartshorne

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

10-15-12

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
JOSEPH G HARTSHORNE
1302 SORENTO Circle
Melbourne FL 32904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PETER J. HARTSHORNE
1302 SORENTO Circle
Melbourne FL 32904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph G. Hartshorne

JOSEPH G HARTSHORNE

Date:

10-15-12

Daytime Phone #

321-591-1773