2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 13, 2006 08:00 AM Secretary of State

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G.B. CONCEPTS OF FLORIDA, INC.



Principal Place of Business

2558 E SUNRISE BLVD FT LAUDERDALE, FL 33304 Mailing Address

7919 PLAIN FIELD ROAD CINCINNATI, OH 45236



01032006

No Chg-P

CR2E034 (11/05)

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Number -0408411

5. Certificate of Status Desired

Not Applicable \$8.75 Additional

Applied For

Fee Required

6. Name and Address of Current Registered Agent

FOERCH, ANDREW 2558 E SUNRISE FT, LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

				经验证的,但是的证据的。 		
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 obligati	ions of registered agent.			U00000385426 — 91/18/06-<u>20</u>016-005-150 .00		
SIGNATURE.		_		ถะ /เอ๊/ก๊ต๊_อัก๊กเต๊_กกต เรก กก		
SIGNATURES	Signature, typed or printed name of registered agent and little	lf applicable. (NOTE, Registere	d Agent signature required when reinstating)	-01, 10, 00 Patro10, cco 100, 00		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ocing \$5.00 May Be Added to Fees			
10.	D. OFFICERS AND DIRECTORS					
TITLE	P					
NAME	FOERCH, ANDREW		The same of the sa			
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

513-984-4172

Daylime Phone #