


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000019946	
1. Entity Name G & C HOBBIES, INC.	

FILED
08 JUL 10 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1228 HYPOLUXO RD LANTANA, FL 33462 US	Mailing Address 1228 HYPOLUXO ROAD LANTANA, FL 33462 US
---	---



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06302008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
STEIN, CAROL A 9239 ARTIST PLAZA LAKE WORTH, FL 33467	

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) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, GEORGE F.	NAME	500132921285
STREET ADDRESS	1228 HYPOLUXO RD	STREET ADDRESS	07/15/08--01005--003 **61.25
CITY-ST-ZIP	LANTANA, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, CAROL A	NAME	
STREET ADDRESS	1228 HYPOLUXO RD	STREET ADDRESS	
CITY-ST-ZIP	LANTANA, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DEBORAH FLEMING
STREET ADDRESS		STREET ADDRESS	7819 BLAIRWOOD CIRCLE NORTH
CITY-ST-ZIP		CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Carol Stein CAROL Stein Sec. 7-1-2008 561-547-3812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS