

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000064673

1. Entity Name
GGM LAND HOLDINGS, INC.



Principal Place of Business
3010 SCHERER DRIVE
SAINT PETERSBURG, FL 33716 US

Mailing Address
3010 SCHERER DRIVE
SAINT PETERSBURG, FL 33716 US



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3207171

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONNERS, GARY J
3010 SCHERER DRIVE
SAINT PETERSBURG, FL 33716

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME KRIZMANICH, MICHAEL
STREET ADDRESS 3010 SCHERER DRIVE
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE D
NAME CONNORS, GARY
STREET ADDRESS 3010 SCHERER DRIVE
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE D
NAME BERGOFFEN, GLENN
STREET ADDRESS 3010 SCHERER DRIVE
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

U00000424029
02/18/06-80033-006 158.75

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IN THIS SPACE**

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 an officer like empowered.

SIGNATURE: _____

GARY Connors

2/2/06 727-771-1770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #