


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90032 036 \*\*\*150.00

|  |                                     |  |  |  |  |
|--|-------------------------------------|--|--|--|--|
| <b>DOCUMENT # P94000050186</b><br>1. Entity Name<br><b>G. FAMILY CORPORATION</b>   |                                     |  |  |   |  |
| Principal Place of Business<br><b>1300 WEST NORTH BLVD.<br/>LEESBURG, FL 34748</b>   |                                     |  | Mailing Address<br><b>1300 WEST NORTH BLVD<br/>LEESBURG, FL 34748 US</b> |  |  |
| 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  |  |  |
| 6. Name and Address of Current Registered Agent  |                                     |  |  | 7. Name and Address of New Registered Agent  |  |
| <b>SPIEGEL &amp; UTRERA, P.A.</b><br><b>1840 SOUTHWEST 22 STREET, 4TH FL</b><br><b>MIAMI, FL 33145</b>   |                                     |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right; font-weight: bold;">FL</div> <div style="text-align: right;">Zip Code</div> |  |
| 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.<br><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |                                     |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |  |
| 10. OFFICERS AND DIRECTORS   |                                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |  |  |
| TITLE  | PST <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | GAMBLE, WILLIAM R                   |  | NAME   |  |  |
| STREET ADDRESS   | 1300 WEST NORTH BLVD                |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | LEESBURG, FL 34748                  |  | CITY-ST-ZIP  |  |  |
| TITLE  | MD <input type="checkbox"/> Delete  |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | GAMBLE, WILLIAM R III               |  | NAME   |  |  |
| STREET ADDRESS   | 1300 WEST NORTH BLVD                |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | LEESBURG, FL 34748                  |  | CITY-ST-ZIP  |  |  |
| TITLE  | D <input type="checkbox"/> Delete   |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | GAMBLE, WILLIAM R IV                |  | NAME   |  |  |
| STREET ADDRESS   | P.O. BOX 165                        |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | FRUITLAND PARK, FL 347310071        |  | CITY-ST-ZIP  |  |  |
| TITLE  | DVP <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | GAMBLE, BRENT K                     |  | NAME   |  |  |
| STREET ADDRESS   | 2213 S.W. 72ND TERRACE              |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | GAINESVILLE, FL 32607               |  | CITY-ST-ZIP  |  |  |
| TITLE  | DVP <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | GAMBLE, BRIAN M                     |  | NAME   |  |  |
| STREET ADDRESS   | 8028 GIBSON TERR                    |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | LEESBURG, FL 34748                  |  | CITY-ST-ZIP  |  |  |
| TITLE  | D <input type="checkbox"/> Delete   |  | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | GAMBLE, BRANDON T                   |  | NAME   |  |  |
| STREET ADDRESS   | 6214 MORNING MIST LANE              |  | STREET ADDRESS   | 8222 Granada Blvd.   |  |
| CITY-ST-ZIP  | ORLANDO, FL 32819                   |  | CITY-ST-ZIP  | Orlando, FL 32836  |  |

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:**

*William R Gamble*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08

Date

352-409-4604

Daytime Phone #