

**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000072179

1. Entity Name
GCBS, INC.



Principal Place of Business
**7648 LOCKWOOD RIDGE RD
SARASOTA, FL 34243 US**

Mailing Address
**7416 OAK RUN LANE
SARASOTA, FL 34343 US**

DO NOT WRITE IN THIS SPACE



02152006 No Chg-P CR2E034 (11/05)

4. FCI Number
65-0494718

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALTERS, LOIS J
7648 LOCKWOOD RIDGE RD
SARASOTA, FL 34243**

**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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

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**

**000000550649
05/13/06-80069-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WALTERS, LOIS J
7648 LOCKWOOD RIDGE RD
SARASOTA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WOMELDORPH, HOWARD
7416 OAK RUN LANE
SARASOTA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WOMELDORPH, GEOFF
7648 LOCKWOOD RIDGE ROAD
SARASOTA, FL 34243**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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 all other like empowered.

SIGNATURE: *Howard R. Womeldorph Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

Date

Daytime Phone #