

ANNUAL REPORT (AR)

DOCUMENT # P95000021206

1. Entity Name

GKC, INC.



FILED
Mar 31, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3413434** Applied For ☐ Not Applied ☐

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

6. Name and Address of Current Registered Agent

DIXON, KEVIN
151 E. HIGHLAND BLVD.
INVERNESS FL 34451-1300

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Added to Fee**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	MOSHER, GARY J	
STREET ADDRESS	101 HAMMOCK RD.	
CITY-ST-ZIP	INGLIS FL 34449	
TITLE	S	☐ Delete
NAME	MOSHER, ELLEN K	
STREET ADDRESS	101 HAMMOCK RD.	
CITY-ST-ZIP	INGLIS FL 34449	
TITLE	V	☐ Delete
NAME	MOSHER, CHRISTOPHER	
STREET ADDRESS	1669 S. PRESCOTT AVE.	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS	U00000487023	
CITY-ST-ZIP	04/13/06-80059-023 150.00	
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: GARY J. MOSHER 3/24/06 352-447-3040