
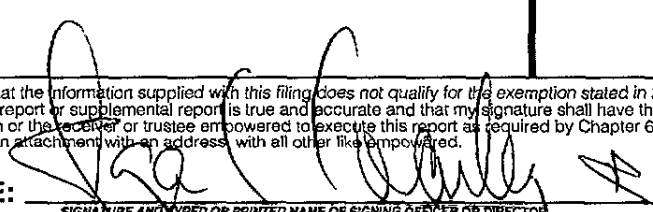


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # P96000065406 1. Entity Name GFR, INC. | |  |
| Principal Place of Business PO BOX 569 MARIANNA, FL 32447 US | Mailing Address PO BOX 569 MARIANNA, FL 32447 US | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent CEARLEY, EDGAR C. III 4376 LAFAYETTE STREET MARIANNA, FL 32446 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P CEARLEY, EDGAR C. III 4376 LAFAYETTE STREET MARIANNA, FL 32446 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | COB BIDDINGER, JOHN W. 7491 ALBERT TILLINGHAST DRIVE SARASOTA, FL 34240 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |



05042005 No Chg-P CR2E034 (10/03)

4. FEI Number
35-1991134

| |
|----------------|
| Applied For |
| Not Applicable |

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

U00000362874
05/05/05-80136-013 150.00

**DO NOT WRITE
IN THIS SPACE**

5/3/05 850.482.3046
Date Daytime Phone #

EDGAR C. CEARLEY III