


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90033 045 ***150.00

DOCUMENT # P96000093332 1. Entity Name G C & B, INC.			
Principal Place of Business 421 MEADOW RIDGE DR TALLAHASSEE, FL 32312		Mailing Address 421 MEADOW RIDGE DR TALLAHASSEE, FL 32312	
2. Principal Place of Business - No P.O. Box # 3523 Kimmer Rowe Dr.		3. Mailing Address 3523 Kimmer Rowe Dr.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Tallahassee FL		City & State Tallahassee FL	
Zip 32309		Zip 32309	
Country 		Country 	
4. FEI Number 59-3413222		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLEMING, KYLE 421 MEADOW RIDGE DR TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 3523 Kimmer Rowe Dr. City Tallahassee FL Zip Code 32309	
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 reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLEMING, GRETCHEN 421 MEADOW RIDGE DR TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3523 Kimmer Rowe Dr. Tallahassee FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLEMING, KYLE 421 MEADOW RIDGE DR TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3523 Kimmer Rowe Dr. Tallahassee FL 32309
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Kenneth Kyle Fleming for GCB, Inc.</u> 4-3-2008 (850)545-9293 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			