

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90145 031 ***150.00

DOCUMENT # P97000005623

1. Entity Name

G.N.M., INC.



Principal Place of Business

282 N MARACA ST
PUNTA GORDA FL 33983
US

Mailing Address

282 N MARACA ST
PUNTA GORDA FL 33983
US



2. Principal Place of Business

27195 NEAPTIDE DR

Suite, Apt. #, etc.

PUNTA GORDA, FL

City & State

3. Mailing Address

27195 NEAPTIDE DR

Suite, Apt. #, etc.

PUNTA GORDA, FL

City & State

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0726348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHAAF, DANIEL P
282 N MARACA ST
PUNTA GORDA FL 33983

7. Name and Address of New Registered Agent

Name SCHAAF, DANIEL P.

Street Address (P.O. Box Number is Not Acceptable)

27195 NEAPTIDE DR

PUNTA GORDA, FL

City

FL

Zip Code
33983

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

Daniel P. Schag

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

(NOTE: Registered Agent signature required when reinstating)

2-5-06

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 Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SCHAAF, DANIEL P
STREET ADDRESS 282 N MARACA ST
CITY-ST-ZIP PUNTA GORDA FL 33983

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D ☒ Change ☐ Addition
NAME SCHAAF, DANIEL P.
STREET ADDRESS 27195 NEAPTIDE DR
CITY-ST-ZIP PUNTA GORDA FL 33983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Daniel P. Schag

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-06

Date

941-766-0706

Daytime Phone #