

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000029177

1. Entity Name
GTM & COMPANY, INC.



Principal Place of Business
18811 S.W. 25 CT
MIRAMAR, FL 33029

Mailing Address
18811 S.W. 25 CT
MIRAMAR, FL 33029

APPROVED
AND
FILED

05 MAY 19 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05092005 No Chg-P CR2E034 (10/03)

MRS

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3512100

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLACK, DELORA C
18811 S.W. 25 CT
MIRAMAR, FL 33029

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	PD
NAME	BLACK, DELORA C
STREET ADDRESS	18811 S.W. 25 CT
CITY - ST - ZIP	MIRAMAR, FL 33029
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	

300055188543
05/24/05--01041--013 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 5/16/05

Date

X 325-586-0862

Daytime Phone #