2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2004 08:00 AN Secretary of State **DOCUMENT # P98000030762** 1. Entity Name GPC PROPERTIES, INC. Principal Place of Business Mailing Address 1305 E PLANT ST 1305 E PLANT ST SUITE 400 WINTER GARDEN, FL 34789 WINTER GARDEN, FL 34789 CR2E034 (10/03) 04272004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3503358 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent WEATHERFORD, WILLIAM P JR. DO NOT WRITE 1150 LOUISIANA AVENUE STE 4 IN THIS SPACE WINTER PARK, FL 32789 1. 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 remetating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000138076 Trust Fund Contribution. Added to Fees 04/29/04-80066-008 (50.nd 10. OFFICERS AND DIRECTORS TITLE LOVELACE, G. WINSTON NARAF STREET ADDRESS 1305 E PLANT ST CITY-ST-ZIP WINTER GARDEN, FL 34787 TITLE NAME STREET ADDRESS CITY-ST-ZP नग्राह NAME STREET ADDRESS DO NOT WRITE CSTY-ST-7IP IN THIS SPACE 3JIIINAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 of trustee empewered 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 effective of the composition of the receiver of trustee empewered 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 effective like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CXTY-ST-XIP

STORATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

127/04 407-877-8100

FILED