
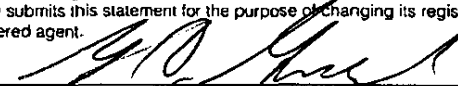
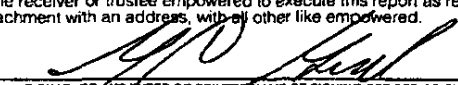


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-10-2004 90015 001 ***150.00

DOCUMENT # P98000055666					
Entity Name GGC DEVELOPMENT CORP.					
Principal Place of Business 455 S BUCKMOORE RD LAKE WALES FL 33853			Mailing Address 455 S BUCKMOORE RD LAKE WALES FL 33853		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3513688	
				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				7. Name and Address of New Registered Agent	
GRONDIN, M.A. 455 S BUCKMOORE RD LAKE WALES FL 33853				Name GARY C. GRONDIN	
				Street Address (P.O. Box Number is Not Acceptable) 455 S. Buckmoore Rd	
				City Lake Wales	
				FL Zip Code 33853	
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  DATE 2-20-04					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				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	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRONDIN, M.A.			NAME	
STREET ADDRESS	455 S BUCKMOORE RD			STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRONDIN, GARY C			NAME	
STREET ADDRESS	455 S. BUCKMOORE ROAD			STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853			CITY-ST-ZIP	
TITLE	V.	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRONDIN, DANIEL M			NAME	
STREET ADDRESS	455 SOUTH BUCKMOORE			STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853			CITY-ST-ZIP	
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALARUSSE, PAMELA J			NAME	
STREET ADDRESS	455 SOUTH BUCKMOORE ROAD			STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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)(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: 				Date 2-4-04 863 676-8140	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	