

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000055666

1. Entity Name

GGC DEVELOPMENT CORP.



**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3513688

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRONGIN, GARY C  
455 S BUCKMOORE RD  
LAKE WALES FL 33853

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME GRONDIN, GARY C  
STREET ADDRESS 455 S. BUCKMOORE ROAD  
CITY-STATE-ZIP LAKE WALES FL 33853

☐ Change ☐ Addition  
NAME U000000625662  
STREET ADDRESS 02/14/07-80084-023 150.00  
CITY-STATE-ZIP

TITLE V ☐ Delete  
NAME GRONDIN, DANIEL M  
STREET ADDRESS 455 SOUTH BUCKMOORE  
CITY-STATE-ZIP LAKE WALES FL 33853

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
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CITY-STATE-ZIP

☐ Change ☐ Addition  
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☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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:

*Gary C Grondin* GARY C GRONDIN 2-5-07 863. 676 8140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #