2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

NO CHANGE
2008 SAME
AS THIS
2007 REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000033375

1. Entity Name
G.F.D. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
518 NE 53RD ST ATTN: BERTRAM C.ADAMS OCALA FL 34479-1668	518 NE 53RD ST ATTN: BERTRAM C.ADAMS OCALA FL 34479-1668

1st MOORE CR2E034 (10/06)

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

4. FEI Number 59-3576230 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, BERTRAM C
518 NE 53RD ST
OCALA FL 34479-1668

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 reporting a change

After [redacted]
Make Check [redacted] 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 10	
TITLE	PT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ADAMS, BERTRAM C	NAME	U00000923770
STREET ADDRESS	518 NE 53RD ST	STREET ADDRESS	05/16/08--80046--003 155.00
CITY-ST-ZIP	OCALA FL 34479-1668	CITY-ST-ZIP	
TITLE	VS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ADAMS, MARY P	NAME	
STREET ADDRESS	518 NE 53RD ST	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34479-1668	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 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: Bertram C. Adams BERTRAM C. ADAMS 2/27/07 352-369-6204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR