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Secretary of State
04-11-2005 90143 007 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000052090

1. Entity Name
GBA, INC.

Principal Place of Business	Mailing Address
360 10TH ST KEY COLONY BEACH, FL 33051	PO BOX 510905 KEY COLONY BEACH, FL 33051

02022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1 Trinidad Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Marathon, Florida		City & State	
Zip: 33050	Country: USA	Zip	Country

4. FEI Number: 65-0924678 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALDRICH, GEORGE H 1 TRINIDAD STREET MARATHON, FL 33050	Name: Barbara A. Aldrich Street Address (P.O. Box Number is Not Acceptable): 1 Trinidad Street City: Marathon FL Zip Code: 33050

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: X [signature] BARBARA A ALDRICH President DATE
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, 2005 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT ALDRICH, GEORGE P O BOX 510905 KEY COLONY BCH, FL 33051	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Barbara A. Aldrich PO BOX 510905 Key Colony Beach, Fl 33051	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS ALDRICH, BARBARA A P O BOX 510905 KEY COLONY BCH, FL 33051	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] Barbara Aldrich President 4/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #