


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90419 050 \*\*\*150.00

**DOCUMENT # P99000060695**

1. Entity Name  
**G J & T HOLDINGS, INC.**



Principal Place of Business  
**1261 E SAMPLE ROAD  
 BOWLING BEACH, FL 33064**

Mailing Address  
**292 ALTERNATE 19, NORTH  
 PALM HARBOR, FL 34683**

00010100



2. Principal Place of Business  
**292 Alternate 19 N.**

3. Mailing Address  
 Suite, Apt. #, etc.

03242006 Chg-P CR2E034 (11/05)

City & State  
**Palm Harbor, FL FL**

Zip  
**34683 USA 34683**

Country

4. FEI Number  
**59-3585345**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SIDWELL, THOMAS GREGORY  
 292 ALTERNATE 19, NORTH  
 PALM HARBOR, FL 34683**

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]* DATE **4-10-06**

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, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P	SIDWELL, THOMAS G <del>1028 PIPERS MEADOW DRIVE</del> PALM HARBOR, FL 34683 <input type="checkbox"/> Delete
TITLE VP	DILORETO, THOMAS 6343 SCOTT LANE FORT MYERS, FL 33912 <input type="checkbox"/> Delete
TITLE S	SIDWEL, JAYNE A <del>1028 PIPERS MEADOW DR</del> PALM HARBOR, FL 34683 <input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>2944 Leprechaun Lane</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>2944 Leprechaun Lane</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *[Signature]* DATE **4-11-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR