


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 BONAPART BEACH, FL 33064 | Mailing Address 292 ALTERNATE 19, NORTH PALM HARBOR, FL 34683 |
|---|---|

00010100



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|--|---------------------|
| 2. Principal Place of Business 292 Alternate 19 N. | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

03242006 Chg-P CR2E034 (11/05)

| | |
|--|---------------------------|
| City & State Palm Harbor, FL | City & State FL |
| Zip 34683 | Country USA |
| Zip 34683 | Country |

| | |
|------------------------------------|--|
| 4. FEI Number 59-3585345 | 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 | |
| SIDWELL, THOMAS GREGORY 292 ALTERNATE 19, NORTH PALM HARBOR, FL 34683 | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

| | |
|--|-------------|
| 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**
(NOTE: Registered Agent signature required when reinstating)

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 | 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 | P | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIDWELL, THOMAS G | NAME | 2944 Leprechaun Lane |
| STREET ADDRESS | 1028 PIPERS MEADOW DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | PALM HARBOR, FL 34683 | CITY-ST-ZIP | |
| TITLE | VP | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DILORETO, THOMAS | NAME | |
| STREET ADDRESS | 6343 SCOTT LANE | STREET ADDRESS | |
| CITY-ST-ZIP | FORT MYERS, FL 33912 | CITY-ST-ZIP | |
| TITLE | S | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIDWEL, JAYNE A | NAME | 2944 Leprechaun Lane |
| STREET ADDRESS | 1028 PIPERS MEADOW DR | STREET ADDRESS | |
| CITY-ST-ZIP | PALM HARBOR, FL 34683 | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | 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 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 SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)