

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000063864

FILED
Apr 20, 2005
Secretary of State

Entity Name: GTO, INC.

Current Principal Place of Business:

3121 HARTSFIELD RD.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

3121 HARTSFIELD RD.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3596645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, CHARLES B III
3121 HARTSFIELD RD.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: KELLEY, JOE
Address: 1212 CONSERVANCY DRIVE E
City-St-Zip: TALLAHASSEE, FL 32312

Title: V () Delete
Name: MARSHALL, ADAM
Address: 1102 IVANHOE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: SRVP () Delete
Name: MITCHELL, JOHN P
Address: PO BOX 12194
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD () Delete
Name: DESOTELL, BRIAN
Address: 3795 PATCH DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: CD () Delete
Name: MITCHELL, CHARLES D III
Address: PO BOX 13708
City-St-Zip: TALLAHASSEE, FL 32317

Title: CFO () Delete
Name: DESOTELL, BRIAN
Address: 3795 PATCH DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: MITCHELL, CHARLES B III
Address: PO BOX 13708
City-St-Zip: TALLAHASSEE, FL 32317

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN DESOTELL

CFO

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date