

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P99000063864

1. Entity Name
GTO, INC.



Principal Place of Business
**3121 HARTSFIELD RD.
TALLAHASSEE, FL 32303**

Mailing Address
**C/O NORTEK, INC
50 KENNEDY PLAZA
PROVIDENCE, RI 02903**



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3596645

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KELLEY, JOE
STREET ADDRESS	1212 CONSERVANCY DRIVE E
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	VS
NAME	DONELLY, KEVIN W
STREET ADDRESS	C/O NORTEK INC, 50 KENNEDY PL
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	V
NAME	MONTES, CHARLES E
STREET ADDRESS	1950 CAMINO VIDA ROBLE STE 150
CITY-ST-ZIP	CARLSBAD, CA 92008
TITLE	TD
NAME	COONEY, EDWARD J
STREET ADDRESS	C/O NORTEK INC, 50 KENNEDY PL
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	CEO
NAME	RUMMELL, GRANT D
STREET ADDRESS	1950 CAMINO VIDA ROBLE
CITY-ST-ZIP	CARLSBAD, CA 92008
TITLE	VC
NAME	BREADY, RICHARD L
STREET ADDRESS	C/O NORTEK INC, 50 KENNEDY PL
CITY-ST-ZIP	PROVIDENCE, RI 02903

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/07

401-751-1600