

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2006 8:00 am**  
**Secretary of State**

08-23-2006 90001 006 \*\*\*150.00

**DOCUMENT # P99000109649**

1. Entity Name  
**GUMENICK HG, INC.**



Principal Place of Business

**1920 MERIDIAN AVE  
2ND FLOOR  
MIAMI BEACH, FL 33139**

Mailing Address

**6600 WEST BROAD ST  
SUITE 100  
RICHMOND, VA 23230**

**50026065**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**4510 Cox Road  
Suite 110**

08182006

Chg-P

CR2E034 (11/05)

City & State

City & State

**Glen Allen, VA**

4. FEI Number

**65-0977074**

Applied For

Not Applicable

Zip

Country

Zip

Country

**23060**

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

**DIAZ, MANUEL JR.  
1920 MERIDIAN AVE  
2ND FLOOR  
MIAMI BEACH, FL 33139**

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, 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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	WHITE, NANCY G	
STREET ADDRESS	784 TRAMORE LANE	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUMENICK, JEROME	
STREET ADDRESS	9518 ARROWDEL COURT	
CITY-ST-ZIP	RICHMOND, VA 23229	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORSLEY, WALLER H	
STREET ADDRESS	5020 MONUMENT AVENUE	
CITY-ST-ZIP	RICHMOND, VA 23230	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: X** *Nancy G White* **Nancy G White** **8/21/06** **(804) 270-3500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #