

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V06040

Entity Name: GTM ENTERPRISES, INC.

FILED  
Jan 17, 2008  
Secretary of State

**Current Principal Place of Business:**

604 W JAMES LEE BLVD  
CRESTVIEW, FL 32536 US

**New Principal Place of Business:**

**Current Mailing Address:**

604 W JAMES LEE BLVD  
CRESTVIEW, FL 32536 US

**New Mailing Address:**

FEI Number: 59-3099888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCMORROW, GARY  
103 POQUITA DR  
SHALIMAR, FL 32579 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: DPS ( ) Delete  
Name: MCMORROW, GARY,  
Address: 103 POQUITO DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: V ( ) Delete  
Name: MCMORROW, TRACY  
Address: 103 POQUITO DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: T ( ) Delete  
Name: MCMORROW, WILMA S  
Address: 586 FAIRWAY CT  
City-St-Zip: FT WALTON BCH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: MCMORROW, WILMA  
Address: 586 FAIRWAY CT  
City-St-Zip: FT WALTON BCH, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GARY MCMORROW

DPS

01/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date