

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 22, 2009
Secretary of State**

DOCUMENT# V06040

Entity Name: GTM ENTERPRISES, INC.

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

07/22/2009

Electronic Signature of Signing Officer or Director

_____ Date