

2006 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # V10789

1. Entity Name
G. & S. DEVELOPMENT CORP.



Principal Place of Business

1395 BRICKELL AV.
SUITE 980
MIAMI, FL 33131

Mailing Address

C/O 9160 W. BAY HARBOR DR.
PH #3
BAY HARBOR ISLANDS, FL 33154

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

40 Scott Hannon
9160 W. Bay Harbor Dr.
Bay Harbor Is. Fl.
33154 USA

03302006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0348983

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANNON, WILLIAM S
9160 W. BAY HARBOR DR.
PH #3- #1
BAY HARBOR ISLANDS, FL 33154

7. Name and Address of New Registered Agent

Name see
A's

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)

03/34/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HANNON, WILLIAM S.
STREET ADDRESS 9160 W. BAY HARBOR DR. PH #3- #1
CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

03/34/06
Date

Daytime Phone #

FILED
06 APR -4 PM 2:25

FLORIDA STATE
TALLAHASSEE, FLORIDA

