

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J60534

**Entity Name:** G.F. FLORIDA OPERATING ALPHA, INC.

**Current Principal Place of Business:**

8186 BAYMEADOWS WAY W  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8186 BAYMEADOWS WAY W  
JACKSONVILLE, FL 32256 US

**FEI Number:** 59-2827993

**Certificate of Status Desired:** No

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

GAZES, CHRISTOPHER JPRES  
8186 BAYMEADOWS WAY W  
JACKSONVILLE, FL 32256 US

*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

**Officer/Director Detail :**

Title           DPV  
Name           GAZES, CHRISTOPHER JPRES  
Address       8186 BAYMEADOWS WAY W  
City-State-Zip: JACKSONVILLE FL 32256

I hereby 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 all other like empowered.

**SIGNATURE:** CHRISTOPHER J. GAZES

DPV

03/19/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date