


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90023 027 \*\*\*150.00

**DOCUMENT # P05000102289**

1. Entity Name  
**G.C. SHIRLEY PROPERTIES, INC.**



Principal Place of Business  
**7880 N UNIVERSITY DRIVE  
 SUITE 201  
 TAMARAC, FL 33321**

Mailing Address  
**7880 N UNIVERSITY DRIVE  
 SUITE 201  
 TAMARAC, FL 33321**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**301 Hideaway Acres**  
 Suite, Apt. #, etc.

City & State  
**Country, GA 30115**

Zip  
**30115**

Country  
**USA**

40033100



01072006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3182816**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ROSEN, JEROME L  
 7880 N UNIVERSITY DRIVE  
 201  
 TAMARAC, FL 33321**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SHIRLEY, GARY C 7880 N UNIVERSITY DRIVE TAMARAC, FL 33321</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **3/16/06** **678-878-9400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #