

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

04 JAN 15 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 692004

1. Entity Name  
4 G'S BREVARD COUNTY, INC.



Principal Place of Business  
1463 NEWFOUND HARBOR DRIVE  
MERRITT ISLAND, FL 32952

Mailing Address  
1463 NEWFOUND HARBOR DRIVE  
MERRITT ISLAND, FL 32952



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-2184206

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDANIEL, ANITA S.  
101 S. COURTENAY PKWY., STE. 102  
MERRITT ISLAND, FL 32952

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	GREGORY, DOLORES M	
STREET ADDRESS	1463 NEWFOUND HARBOR DR	
CITY-ST-ZIP	MERRITT ISL, FL 00000,	
TITLE	S	<input type="checkbox"/> Delete
NAME	PIERINI, SANDRA	
STREET ADDRESS	94 MARINA	
CITY-ST-ZIP	KEY LARGO, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREGORY, SYDNEY R. III	
STREET ADDRESS	1219 S BANANNA RIVER DR.	
CITY-ST-ZIP	MERRITT ISLAND, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREGORY, BRADFORD A	
STREET ADDRESS	1463 NEWFOUND HARBOR DR.	
CITY-ST-ZIP	MERRITT ISLAND, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200028304822  
02/05/04--01063--006 \*\*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: See attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2JF 9



## Division of Corporations

## Annual Report

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Business Entity Name

4 G'S BREVARD COUNTY, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name



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Business Entity Name

4 G'S BREVARD COUNTY, INC.

FEI Number

592184206

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

## Principal Place of Business

Address

1463 NEWFOUND HARBOR DRIVE

Suite, Apt. #, etc.

City, State

MERRITT ISLAND

FL

Zip Code &amp; Country

32952

## Mailing Address

Address

1463 NEWFOUND HARBOR DRIVE

Suite, Apt. #, etc.

City, State

MERRITT ISLAND

FL

Zip Code &amp; Country

32952

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

MCDANIEL

ANITA S.

or RA Business Name

Address

101 S. COURTENAY PKWY., STE. 102

Suite, Apt. #, etc.

City, State

MERRITT ISLAND

FL

Zip Code &amp; Country

32952

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

4,64

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature