


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90041 016 \*\*\*150.00

DOCUMENT # F80643					
1. Entity Name GELARDI, INC.					
Principal Place of Business GULF COAST TRANSIT 1442 SE 16TH PL CAPE CORAL FL 33990 US			Mailing Address GULF COAST TRANSIT 1442 SE 16TH PL CAPE CORAL FL 33990 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2210638	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GELARDI, MICHAEL J 1442 SE 16TH PL CAPE CORAL FL 33990			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 <i>[Signature]</i>			DATE 3/12/04		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELARDI, VICKIE		NAME	GELARDI MICHAEL S	
STREET ADDRESS	5389 FAIRFIELD WAY		STREET ADDRESS	6498 GRIFFIN BLVD.	
CITY-ST-ZIP	FT MYERS FL		CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELARDI, JAMES A		NAME	GELARDI MICHAEL S	
STREET ADDRESS	5389 FAIRFIELD WAY		STREET ADDRESS	6498 GRIFFIN BLVD.	
CITY-ST-ZIP	FT MYERS FL 33919		CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELARDI, JACQUELINE M		NAME		
STREET ADDRESS	5383 FAIRFIELD WAY		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELARDI, MICHAEL S		NAME		
STREET ADDRESS	6064 TIMBERWOOD CIR		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELARDI, CHRISTINE M		NAME		
STREET ADDRESS	5389 FAIRFIELD WAY		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]* DATE: 3/12/04 DAYTIME PHONE: 239-772-8206