

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005424

FILED  
Jan 05, 2004  
Secretary of State

Entity Name: G.E.J.E.L. MANAGEMENT, INC.

**Current Principal Place of Business:**

355 SARATOGA RD  
SNYDER, NY 14226 US

**New Principal Place of Business:**

**Current Mailing Address:**

355 SARATOGA RD  
SNYDER, NY 14226 US

**New Mailing Address:**

FEI Number: 16-1159797      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

HOLLEY, PATRICK  
3357 S ATLANTIC AVE  
DAYTONA BEACH SHORES, FL 32118 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: TOWNSELL, LEO  
Address: 276 LEBRUN  
City-St-Zip: EGGERTSVILLE, NY

Title: VS ( ) Delete  
Name: TOWNSELL, JOHN  
Address: 223 MT. VERNON ROAD  
City-St-Zip: SNYDER, NY

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN TOWNSELL

VS

01/05/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date