


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # G25769
 1. Entity Name
GEM TRADING COMPANY, INC.



Principal Place of Business Mailing Address
 1020 HARBOR LAKE DR. 1020 HARBOR LAKE DR.
 P.O. BOX 1208 P.O. BOX 1208
 SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695

2. Principal Place of Business 3. Mailing Address
 Suite, Apt #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
59-2262426 Not Applicable

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

6. Name and Address of Current Registered Agent
LADELL, BRIAN J.
24 SUMMIT LANE.
SAFETY HARBOR FL 34695

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SINGH, HANSRAJ	
STREET ADDRESS	1020 HARBOR LAKE DR.	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGH, JANICE BONITA	
STREET ADDRESS	1020 HARBOR LAKE DR.	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YSKES, GEM ANDREA	
STREET ADDRESS	1020 HARBOR LAKE DR.	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LADELL, BRIAN J	
STREET ADDRESS	24 SUMMIT LANE.	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	UN0000242713	
CITY-ST-ZIP	02/25/05-80009-025 150.00	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Brian J. Ladell* **BRIAN J. LADELL** 2/23/05 (921) 725-2517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #