


FILED  
Apr 21, 2004 8:00 am  
Secretary of State

04-21-2004 90013 042 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P03000076526			
1. Entity Name GRAVITYMAN, INC.			
Principal Place of Business 3407 S OCEAN DR 6B HIGHLAND BCH, FL 33487		Mailing Address : <b>C/O TED OLECK</b> 3407 S OCEAN DR 6B HIGHLAND BCH, FL 33487	
2. Principal Place of Business		2. Mailing Address <b>C/O TED OLECK</b> <b>3407 S. OCEAN BLVD, 6B</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>HIGHLAND BEACH, FL</b>	
Zip	Country	Zip <b>33487</b>	Country
3. Name and Address of Current Registered Agent <b>HAMBY, LOUIS L III</b> <b>321 RORAL POINCIANA PLAZA</b> <b>PALM BCH, FL 33480</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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.		4. FEI Number <b>20-0322460</b>	
SIGNATURE _____		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required even if no change.)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing True Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES. THEODORE OLECK 3407 S. OCEAN BLVD. #6B HIGHLAND BEACH, FL 33487</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP., TREASURER LAWRENCE OLECK 3407 S. OCEAN BLVD. #5B HIGHLAND BEACH, FL 33487</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP., SECRETARY RONALD OLECK 5160 VENTURA DRIVE DELRAY BEACH, FL 33484</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>T. Ronald Oleck, V.P. SEC.</u>		Date: <u>4/19/04</u> 561-381-0081	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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