


2005 FOR PROFIT CORPORATION ANNUAL REPORT.

5/ **FILED**
Jun 06, 2005 8:00 am
Secretary of State

05-02-2005 90570 041 ***150.00

DOCUMENT # P04000014560
 1. Entity Name
GJ BOL SALES GROUP, INC.



Principal Place of Business Mailing Address
135 DURHAM PLACE **135 DURHAM PLACE**
LONGWOOD, FL 32779-7103 **LONGWOOD, FL 32779-7103**

66021854



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04272005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-0644960 Not Applicable

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

6. Name and Address of Current Registered Agent

BOL, GERRITT J
135 DURHAM PLACE
LONGWOOD, FL 32779-7103

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 _____ (NOTE: Registered Agent Signature required when resetting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BOL, GERRIT J	
STREET ADDRESS	135 DURHAM PLACE	
CITY-ST-ZIP	LONGWOOD, FL 327797103	
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"/> 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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: *Gerritt J Bol*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/15 407 4637123
 Date Daytime Phone #