

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90007 010 ***150.00

DOCUMENT # P97000043349

1. Entity Name
GMRI RESUPPLY WAREHOUSE COMPANY



Principal Place of Business
5900 LAKE ELLENOR DRIVE
ORLANDO, FL 32809

Mailing Address
5900 LAKE ELLENOR DRIVE
ORLANDO, FL 32809

40006641

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01182005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32302-2525

4. FEI Number
59-3450558

Applied For
 Not Applicable

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

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.

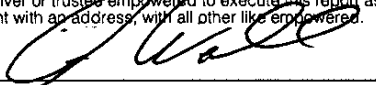
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D Delete <input type="checkbox"/>	NAME LAURIE, BURNS	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 5900 LAKE ELLENOR DR	CITY-ST-ZIP ORLANDO, FL 32809	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 5900 LAKE ELLENOR DR.	CITY-ST-ZIP ORLANDO, FL 32809	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 5900 LAKE ELLENOR DR	CITY-ST-ZIP ORLANDO, FL 32809	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 6100 LAKE ELLENOR DR	CITY-ST-ZIP ORLANDO, FL 32809	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 6100 LAKE ELLEN DR.	CITY-ST-ZIP ORLANDO, FL 32809	NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 6100 LAKE ELLENOR DR.	CITY-ST-ZIP ORLANDO, FL 32809	NAME Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	AT Tom Weidman 6100 Lake Ellenor Drive Orlando, FL 32809

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:  **1/19/05** **407.245.5542**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #