


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90011 027 ***150.00

DOCUMENT # P97000074180
 1. Entity Name
GNU INDUSTRIES, INC.



Principal Place of Business Mailing Address
 10140 N.W. 53RD ST 10140 N.W. 53RD ST
 SUNRISE FL 33351 SUNRISE FL 33351

04021824



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
 10108 Nw 53rd St 10108 Nw 53rd St
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Sunrise, FL Sunrise, FL

4. FEI Number Applied For
 65-0779999 Not Applicable

Zip Country Zip Country
 33351 Broward 33351 Broward

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

6. Name and Address of Current Registered Agent
GLARDON, CHRIS
 10140 N.W. 53RD ST.
 SUNRISE FL 33351

7. Name and Address of New Registered Agent
 Name: Chris Glardon
 Street Address (P.O. Box Number is Not Acceptable)
10108 Nw 53rd St
 City: Sunrise FL Zip Code: 33351

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 Chris Glardon Chris Glardon President 3/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GLARDON, CHRISTOPHER 1904 S OCEAN DRIVE #1604 HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SATTLER, CLAYTON N 1904 S OCEAN DRIVE #1604 HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TUPPUTO, MICHAEL 1904 S OCEAN DRIVE #1604 HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Chris Glardon 3/21/04 954-741-5191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #