


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90006 043 ***150.00

DOCUMENT # G20909		
1. Entity Name GEMINI SCHOOL OF GYMNASTICS, INC.		

Principal Place of Business % ROBERT K. STRASSBERG 401 E. DOUGLAS RD. OLDSMAR, FL 34677 US	Mailing Address % ROBERT K. STRASSBERG 401 E. DOUGLAS RD. OLDSMAR, FL 34677
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50003624



2. Principal Place of Business <u>Robert K Strassberg</u> Suite, Apt. #, etc.	3. Mailing Address <u>12304 Twin Branch Acres Rd</u> Suite, Apt. #, etc.
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01142005 Chg-P CR2E034 (10/03)

City & State <u>Tampa FL</u>	City & State <u>Tampa FL</u>	4. FEI Number 59-2255416	Applied For Not Applicable
Zip <u>33626</u>	Country	Zip <u>33626</u>	Country <u>Hillsborough</u>

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

6. Name and Address of Current Registered Agent STRASSBERG, ROBERT K 401 E. DOUGLAS RD. OLDSMAR, FL 34677	7. Name and Address of New Registered Agent Name <u>Robert K. Strassberg</u> Street Address (P.O. Box Number is Not Acceptable) <u>12304 Twin Branch Acres Rd.</u> City <u>Tampa</u> FL Zip Code <u>33626</u>
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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 [Signature] DATE 1/14/05

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 NAME STREET ADDRESS CITY - ST - ZIP	DP STRASSBERG, ROBERT K 401 E. DOUGLAS RD. OLDSMAR, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Robert Strassberg 12304 Twin Branch Acres Rd Tampa FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STRASSBERG, ADELAIDE K 3144 SANDY RIDGE DR CLEARWATER, FL 00000, <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
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05
Date

Daytime Phone #