

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 182437

1. Entity Name
GUSTAFSON'S FAMILY ENTERPRISES, INC.



Principal Place of Business
**50 NORTH LAURA STREET STE 2750
JACKSONVILLE, FL 32202 US**

Mailing Address
**PO BOX 40086
JACKSONVILLE, FL 32203-0086 US**



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0729985

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRANT, ABRAHAM, REITER & MCCORMICK, PA
50 NORTH LAURA STREET STE 2750
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 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	DPVP
NAME	GUSTAFSON, E. S. JR
STREET ADDRESS	ST. HWY. 16 WEST
CITY-ST-ZIP	GREEN COVE SPGS, FL 32043
TITLE	AS
NAME	WAGNER, GAIL G
STREET ADDRESS	ST. HWY 16 WEST
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	AVP
NAME	GUSTAFSON, EDDIE
STREET ADDRESS	ST HWY 16 WEST
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-2005

Date

Daytime Phone

904-358-2750

X 318