

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90057 041 \*\*\*158.75

**DOCUMENT # 445205**

1. Entity Name

CARL H. GAMMON & SONS, INC.



Principal Place of Business

283 S.W. 33 STREET  
FT LAUDERDALE FL 33315  
US

Mailing Address

283 S.W. 33 STREET  
FT LAUDERDALE FL 33315  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1508586

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAMMON, CARL H  
6391 MOSELEY ST  
HOLLYWOOD FL 33024

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME GAMMON, CARL H  
STREET ADDRESS 6391 NW MOSELEY ST  
CITY-ST-ZIP HOLLYWOOD FL

TITLE VICE-PRESIDENT ☐ Change ☒ Addition  
NAME GREGORY T. GAMMON  
STREET ADDRESS 14101 SW 28TH COURT  
CITY-ST-ZIP FT. LAUDERDALE, FL 33330

TITLE SD ☒ Delete  
NAME GAMMON, MARGUERITE M  
STREET ADDRESS 6391 NW MOSELEY ST  
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:**

*Carl H. Gammon*

CARL H. GAMMON/PRES

1/28/04

(954) 527-4414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #