


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 489524 1. Entity Name GEM SUPPLY COMPANY	
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Principal Place of Business 1312 W. WASHINGTON STREET ORLANDO, FL 32805	Mailing Address 1312 W. WASHINGTON STREET ORLANDO, FL 32805
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DO NOT WRITE IN THIS SPACE



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1633718	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent OWENS, PAUL D. 1312 W. WASHINGTON STREET ORLANDO, FL 32805

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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 *Paul D. Owens* (NOTE: Registered Agent signature required when reinstating) DATE 2-18-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOMINICK, JULIAN K 170 E. WASHINGTON ST. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENS, PAUL D. 718 N. LAKE FORMOSA ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OWENS, PAUL C. 5826 WOODBINE DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINICK, JULIAN K. 170 E. WASHINGTON STREET ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Paul D. Owens* DATE 2-18-04 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR