

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

02-04-2004 90058 035 ***150.00

DOCUMENT # 520342

1. Entity Name
G & T CONSULTANTS, INC.



Principal Place of Business
**CENTURION SQ OFFICE COMPLEX
8382 BAYMEADOWS RD SUITE 2
JACKSONVILLE, FL 32256 US**

Mailing Address
**CENTURION SQ OFFICE COMPLEX
8382 BAYMEADOWS RD SUITE 2
JACKSONVILLE, FL 32256 US**

94009812



01312004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1707844

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRANADOS, MANUEL
2527 WOODFERN LN
JACKSONVILLE, FL 32223**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRANADOS, MANUEL
STREET ADDRESS	2527 WOODFERN LN
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	VSD
NAME	GRANADOS, MANUEL II
STREET ADDRESS	1333 ROBERTS ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	VSD
NAME	GRANADOS, DIGNA E.
STREET ADDRESS	2527 WOODFERN LN
CITY-ST-ZIP	JACKSONVILLE, FL 32223
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M GRANADOS
President 2-1-04 *904 448 9791*