

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 05, 2005 08:00 AM  
Secretary of State

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



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-1707844

Applied For  
Not Applicable

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

## 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: *Manuel Granados* President

Feb 3 '05

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 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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02/05/05-80059-007 150.00

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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: *Manuel Granados*

Feb 3 '05 904 448 9791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #