


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90033 049 \*\*\*\*61.25

<b>DOCUMENT # 714563</b> 1. Entity Name <b>GAMMA RHO INTERNATIONAL, INC.</b>					
Principal Place of Business <b>1718 TALPACO RD. TALLAHASSEE, FL 32303 US</b>			Mailing Address <b>POST OFFICE BOX 10138 PO BOX 10138 TALLAHASSEE, FL 32302 US</b>		
2. Principal Place of Business <b>4723 PINTAIL DRIVE</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Tallahassee FL</b>		City & State		4. FEI Number <b>59-2348453</b>	
Zip <b>32317</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>EISNER, CRAIG J 1713 TALPECO RD. TALLAHASSEE, FL 32303</b>			7. Name and Address of New Registered Agent Name <b>SOWINSKI, JOE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4723 PINTAIL DRIVE</b> City <b>Tallahassee FL</b> Zip Code <b>32317</b>		
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 <u><i>Joe Sowinski</i></u> <span style="float: right;">2/6/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALLAS, ALLEN W 12100 SW 87TH CT MIAMI, FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOWINSKI, JOE 4723 PINTAIL DRIVE TALLAHASSEE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EISNER, CRAIG J 1713 TALPECO RD. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 617, 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: <u><i>Joe Sowinski</i></u> <u><i>Joe Sowinski</i></u> <span style="float: right;">2/6/04 487-2462</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		