


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000004149 1. Entity Name GOTWALS ASSOCIATES, INC.	
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Principal Place of Business P.O. BOX 56 OLEY, PA 19547	Mailing Address P.O. BOX 56 OLEY, PA 19547
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03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-3011358	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**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 _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	PRES GOTWALS, ROBERT S 12 GOTWALS LANE OLEY, PA 19547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOTWALS, WILLIAM S 12 GOTWALS LANE OLEY, PA 19547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOTWALS, R. BRENT 12 GOTWALS LANE OLEY, PA 19547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOTWALS, BRADLEY W 12 GOTWALS LANE OLEY, PA 19547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RITTENHOUSE, DENNIS R 12 GOTWALS LANE OLEY, PA 19547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROYER, STEVE M 12 GOTWALS LANE OLEY, PA 19547

U00000193097
04/27/04-80069-015 150.00

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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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-04

Date

610-987-6281

Daytime Phone #