

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000002573**

1. Entity Name

GERLITS MANAGEMENT COMPANY, INC.



Principal Place of Business

4736 HICKORY SHORES BLVD  
GULF BREEZE, FL 32563

Mailing Address

4736 HICKORY SHORES BLVD  
GULF BREEZE, FL 32563



07032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

84-1605795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GERLITS, JAMES P  
4736 HICKORY SHORES BLVD  
GULF BREEZE, FL 32563

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000164503  
07/08/04 00011 013 550.00

10. OFFICERS AND DIRECTORS

TITLE CP  
NAME GERLITS, JAMES P  
STREET ADDRESS 4736 HICKORY SHORES BLVD  
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE DST  
NAME GERLITS, WANDA C  
STREET ADDRESS 4736 HICKORY SHORES BLVD  
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

*James P. Gerlits*

James P. Gerlits

7-6-04

850 932 4711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #