

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003668

Entity Name: G. LONIE, INC.

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

3700 GALT OCEAN DR. #610
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

3700 GALT OCEAN DR. #610
FORT LAUDERDALE, FL 33308

New Mailing Address:

PO BOX 39212
FORT LAUDERDALE, FL 33339

FEI Number: 37-1404786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEL, GAIL
3700 GALT OCEAN DR. #610
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KENNEL, GAIL
Address: 3700 GALT OCEAN DR. #610
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: V () Delete
Name: LONIE, GRANT
Address: 135333 RIVER BEACH DRIVE
City-St-Zip: ANILLIOTHE, IL 61523

Title: S () Delete
Name: LONIE, GRACE
Address: 6516 V. UNIVERSITY AVE.
City-St-Zip: PEOVICE, IL 61614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL KENNEL

PRES

05/02/2005

Electronic Signature of Signing Officer or Director

Date