

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F42380

Entity Name: JOHN R. GONZALES, INC.

FILED  
Jan 17, 2005  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 80-0446  
AVENTURA, FL 332800446 US

**New Principal Place of Business:**

8703 SE RETREAT DRIVE  
HOBE SOUND, FL 33455 US

**Current Mailing Address:**

106 SOUTH SHORE DRIVE  
CLAYTON, NY 13624 US

**New Mailing Address:**

8703 SE RETRTEAT DRIVE  
HOBE SOUND, FL 33455 US

FEI Number: 59-2122875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAMONT, ROBERT S  
1 BISCAYNE TOWER SUITE 3550  
2 SOUTH BISCAYNE BLVD  
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GONZALES, JOHN R,  
Address: P.O. BOX 80-0446  
City-St-Zip: AVENTURA, FL 332800446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GONZALES, JOHN R,  
Address: 8703 SE RETREAT DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

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: JOHN R. GONZALES

P

01/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date