

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90041 016 \*\*\*150.00

**DOCUMENT # F80643**

1. Entity Name

GELARDI, INC.



Principal Place of Business

GULF COAST TRANSIT  
1442 SE 16TH PL  
CAPE CORAL FL 33990  
US

Mailing Address

GULF COAST TRANSIT  
1442 SE 16TH PL  
CAPE CORAL FL 33990  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2210638

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GELARDI, MICHAEL J  
1442 SE 16TH PL  
CAPE CORAL FL 33990

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

3/12/04  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GELARDI, VICKIE	
STREET ADDRESS	5389 FAIRFIELD WAY	
CITY-ST-ZIP	FT MYERS FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GELARDI, JAMES A	
STREET ADDRESS	5389 FAIRFIELD WAY	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	T	<input type="checkbox"/> Delete
NAME	GELARDI, JACQUELINE M	
STREET ADDRESS	5383 FAIRFIELD WAY	
CITY-ST-ZIP	FT MYERS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GELARDI, MICHAEL S	
STREET ADDRESS	6064 TIMBERWOOD CIR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	GELARDI, CHRISTINE M	
STREET ADDRESS	5389 FAIRFIELD WAY	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELARDI MICHAEL S	
STREET ADDRESS	6448 GRIFFIN BLVD.	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELARDI MICHAEL S	
STREET ADDRESS	6448 GRIFFIN BLVD.	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04  
Date

239-772-8206  
Daytime Phone #