


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000001283 1. Entity Name GANGLER'S FLY-IN LODGES AND OTUPOSTS PLUS, INC.					
Principal Place of Business 1568 E. WEDGEWOOD LANE HERNANDO FL 34442			Mailing Address 1568 E. WEDGEWOOD LANE HERNANDO FL 34442		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 36-3416457 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent			
GANGLER, WAYNE H 1568 E. WEDGEWOOD LANE HERNANDO FL 34442		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <u><i>Wayne H. Gangler</i></u> WAYNE H. GANGLER 02-24-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehashing)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GANGLER, WAYNE H <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	1568 E. WEDGEWOOD LANE		STREET ADDRESS	000000066601	
CITY - ST - ZIP	HERNANDO FL 34442		CITY - ST - ZIP	02/26/04-80022-004 150.00	
TITLE	DST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GANGLER, GERALDINE		NAME		
STREET ADDRESS	1568 E. WEDGEWOOD LANE		STREET ADDRESS		
CITY - ST - ZIP	HERNANDO FL 34442		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <u><i>Geraldine Gangler</i></u> GERALDINE GANGLER 02-24-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			352-637-2244 <small>Daytime Phone #</small>		