2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F99000003126

1. Entity Name

GROS VENTRE CORPORATION



FILED Apr 15, 2004 08:00 AM Secretary of State

Principal Place of Business

P.O. BOX 5432

KEY WEST, FL 33045-5432

Mailing Address

P.O. BOX 5432

KEY WEST, FL 33045-5432



04122004

No Chg-P

CR2E034 (10/03)

FEI Number
 54-1594713

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, SANDRA S 1901 S. ROOSEVELT BLVD 208N

KEY WEST, FL 33040

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	named entity submits this statement for the plans of registered agent.	ourpose of changing its registe	red office or re	egistered agent, or b	ooth, in the State of Florida I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE Register	ed Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May B		\$5.00 May Be Added to Fees	U00000113961 04/15/04-80030-006 150.00
10. OFFICERS AND DIRECTORS			1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GREEN, SANDRA S 1901 S ROOSEVELT BLVD, 208N KEY WEST, FL 33040				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VP LAMBORNE, ROGER 502 S LOUDON STREET WINCHESTER, VA 22601				
TITLE					

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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: >

NAME STREET ADDRESS

NAME
STREET ADDRESS
C/TY - ST - Z/P

TITLE
NAME
STREET ADDRESS
C/TY - ST - Z/P

TITLE
NAME

CITY - ST- ZIP

SIGNATURE AND TYPED OF PRINTED

PRESIDENT

4/12/04

305-294-7224