2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<u> </u>	ANNUAL R	EPU	MIJAN	1			FILED				
DOCUMENT # G04571 1. Entity Name								Feb 07, 2004 08:00 AM Secretary of State			
JOHN C.	GESCH, P.A.					/	secretary or	~ • • • • • • • • • • • • • • • • • • •			
Principal Place of Business			Mailing Address								
2365 S CON W PALM BO	NGRESS AVE CH FL 33406	2365 S CONGRESS AVE W PALM BCH FL 33406									
) (400))))				
2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt.	#, etc	Suit	Suite, Apt #, etc				MOORE CR2E034 (11/03)				
City & State			City & State			4.	59-2225935	Not	olied For Applicable		
Zip	Country	Zıp		Cour	ntry	5.		.75 Addi Required			
	6. Name and Address of Current	Registere	ed Agent	<u> </u>		7.	Name and Address of New Registered Age	nt			
OFOCH JOHN O					Name						
GESCH, JOHN C 2365 S CONGRESS AVE WEST PALM BEACH FL 33406					Street Address (P.O. Box Number is Not Acceptable)						
,,,_	0117,1200 021,0711 2 00 100				City		FL	Zip Code	<u> ':</u>		
The above named entity submits this statement for the purpose of changing its register					}	iorad as					
	e named entity submits this statement a tions of registered agent.	or are back	lose of changing in	s register	ea onice of regist	ered ag	gent, or point, in the state of hisheat. Fair fair	men with t	and accept		
SIGNATURE	Signature typed or printed name of registered agent	and title if app	CN) eldesit	TE Popision	ed Agent signature requir	rad when r	einstitting) DATE		· :		
F	ILE NOW!!! FEE IS \$150.00				<u> </u>				<u> </u>		
Afte	or May 1, 2004 Fee will be \$550.00 k Payable to Florida Department o	f State					9. Election Campalgn Financing Trust Fund Contribution.		May Be to Fees		
10.	OFFICERS AND	DIRECTO		11.		ΑE	DDITIONS/CHANGES TO OFFICERS AND DI				
TITLE	PST GESCH, JOHN C		Delete	TITE	-			I Change	Addition Addition		
NAME STREET ADDRESS	2365 S CONGRESS AVE				EET ADDRESS						
CITY-ST-ZIP	W PALM BCH, FL 00000		<u> </u>	CITY	-SI - IIP						
TITLE	VD		☐ Delete	TITE	}] Change	☐ Addition		
NAME STREET ADDRESS	GESCH, JOHN C. 2365 S. CONGRESS AVE.			NAM STRI	IE EET ADDRESS						
CITY-SY-ZIP	W. PALM BEACH FL				4-ST-ZIP		1100000034433				
DTLE			☐ Delete	TITL	E		<u> </u>	199900	Addition		
NAME					E>=~						
STREET ADDRESS GITY-ST-ZIP					EET ADDRESS '-ST-ZIP						
TITLE			☐ Delete	Titl	E.] Change	Addition		
NAME	ļ			NAM	·						
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP						
TITLE			Delete	TITU				Change	Addition		
NAME			E ocicae	NAM	1			. •			
STREET ADDRESS	}				EET ADDRESS						
CITY-ST-ZIP		<u> </u>			'-ST-ZIP			1.01			
TITLE NAME			☐ Delete	TITL NAM	I .		L] Change	Addition		
STREET ADDRESS					EET ADORESS						
CITY-ST-ZIP					-ST-ZIP			_			
12. I hereby	certify that the information supplied wit	h this filing s true and	does not qualify for	or the exe	emption stated in a	Section e same	119.07(3)(i), Florida Statules. I further certify legal effect as if made under oath; that I amerida Statutes, and that my name appears in BI (561)	that the in an officer	formation or director		
of the co	rporation of the receiver or trustee emp	owered to with all eff	execute this reporter like empowered	t as requ	ired by Chapter 6	07, Flor	rida Statutes; and that my name appears in Bi	ock 10 or	Block 11 if		
January							(561) 9	04-/4	UU		

John C. Gesch, President

John C.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DIL DD

2/5/04

Date

Daytime Phone #