

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90033 036 \*\*\*150.00

**DOCUMENT # G34004**

1. Entity Name  
**THE GABOR AGENCY, INC.**



Principal Place of Business  
**3500 FINANCIAL PLACE  
4TH FLOOR  
TALLAHASSEE, FL 32312 US**

Mailing Address  
**3500 FINANCIAL PLACE  
4TH FLOOR  
TALLAHASSEE, FL 32312 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2270026**

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

**GABOR, JEFFREY A  
3500 FINANCIAL PLAZA  
4TH FLOOR  
TALLAHASSEE, FL 32312**

Name **Chris E. Diamantis**  
Street Address (P.O. Box Number is Not Acceptable)  
**3500 Financial Plz.**  
**Fourth Floor**  
City **Tallahassee** FL Zip Code **32312**

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 **Chris E. Diamantis, Chairman**

**2/5/04**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered 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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **C** ☒ Delete  
NAME **GABOR, JEFFREY A**  
STREET ADDRESS **3534 THOMASVILLE RD**  
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **V** ☐ Delete  
NAME **FITZGERALD, ROBERT**  
STREET ADDRESS **3534 THOMASVILLE RD**  
CITY-ST-ZIP **TALLAHASSEE, FL**

TITLE **P** ☐ Delete  
NAME **SOKOLOW, LARRY**  
STREET ADDRESS **3534 THOMASVILLE ROAD**  
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3500 Financial Plz. Ste. 400**  
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3500 Financial Plz. Ste. 400**  
CITY-ST-ZIP **Tallahassee FL 32312**

TITLE ☐ Change ☒ Addition  
NAME **Chairman**  
STREET ADDRESS **Chris E. Diamantis**  
CITY-ST-ZIP **3500 Financial Plz, Ste. 400**  
**Tallahassee, FL 32312**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Chris E. Diamantis Chairman** **2/5/04** **(850) 894-9611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #