

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90023 002 ***150.00

DOCUMENT # H58453	
1. Entity Name G & P SUPPLY CORPORATION	

Principal Place of Business 14115 63RD WAY NORTH CLEARWATER, FL 34620 US	Mailing Address 14115 63RD WAY NORTH CLEARWATER, FL 34620 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03032004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2619572	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
SWOBODA, RUDOLF G. 8338 36TH AVE N SAINT PETERSBURG, FL 33710	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 _____ (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME MEYER, ARNFRIED	TITLE	NAME
STREET ADDRESS 5925 BAYOU GRANDE BLVD	CITY-ST-ZIP ST PETERSBURG, FL	STREET ADDRESS	CITY-ST-ZIP
TITLE PST	NAME MEYER, ARNFRIED	TITLE	NAME
STREET ADDRESS 5925 BAYOU GRANDE BLVD	CITY-ST-ZIP ST PETERSBURG, FL	STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME GEBHARDT, HANNELORE	TITLE	NAME
STREET ADDRESS 5925 BAYOU GRANDE BLVD	CITY-ST-ZIP ST PETERSBURG, FL	STREET ADDRESS	CITY-ST-ZIP
TITLE VD	NAME GEBHARDT, HANNELORE	TITLE	NAME
STREET ADDRESS 5925 BAYOU GRANDE BLVD	CITY-ST-ZIP ST PETERSBURG, FL	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME SWOBODA, RUDOLF G	TITLE	NAME
STREET ADDRESS 8336 36TH AVE N.	CITY-ST-ZIP SAINT PETERSBURG, FL 33710	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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 empowerment.

SIGNATURE	3/3/04	(727) 391-6348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RUDOLF SWOBODA	Date	Daytime Phone #