

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90134 036 ***550.00

DOCUMENT # H77450

1. Entity Name
GOMAC ENTERPRISES, INC.



Principal Place of Business

**3101 PGA BLVD
A105
PALM BEACH GARDENS, FL 33410-2812 US**

Mailing Address

**3101 PGA BLVD
A105
PALM BEACH GARDENS, FL 33410-2812 US**

54053465



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2572814

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MACGREGOR, RICHARD
C/O THE MOLE HOLE
3101 PGA BLVD A105
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MACGREGOR, CHARLES
3101 PGA BLVD A105
PALM BEACH GARDENS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MACGREGOR, DONALD
3101 PGA BLVD A105
PALM BEACH GARDENS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
MACGREGOR, RICHARD
3101 PGA BLVD A105
PALM BEACH GARDENS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HAMILTON, SHELLY
3101 PGA BLVD A105
PALM BEACH GARDENS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/4/04 561 775-3141