

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # J27054

1. Entity Name
GEMINI MOTORCARS, INC.



Principal Place of Business
6500 S ORANGE AVE
ORLANDO, FL 32809 US

Mailing Address
6500 S ORANGE AVE
ORLANDO, FL 32809 US



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2700469

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARDS, C. RUSSELL, JR.
927 WALD RD
ORLANDO, FL 32806

**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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

04/26/04-80102-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EDWARDS, BRUCE T
STREET ADDRESS	3259 BALSAM DR
CITY - ST - ZIP	WINTER PARK, FL 32792
TITLE	ST
NAME	EDWARDS, C. RUSSELL JR.
STREET ADDRESS	927 WALD RD
CITY - ST - ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *C. Russell Edwards, Jr.* **C. RUSSELL EDWARDS, JR.** **4/22/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407-857-8587