

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # J44583

1. Entity Name
GRUSENMEYER - SCOTT - & ASSOCIATES, INC.



Principal Place of Business
**5400 E. COLONIAL DR.
ORLANDO, FL 32807**

Mailing Address
**5400 E. COLONIAL DR.
ORLANDO, FL 32807**

DO NOT WRITE IN THIS SPACE



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2759291

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRUSENMEYER, ANITA C
5400 E. COLONIAL DR.
ORLANDO, FL 32807**

**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 acknowledge the obligations of registered agent.

SIGNATURE **THOMAS GRUSENMEYER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-19-04

**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
**VD
GRUSENMEYER, THOMAS X.
5400 E. COLONIAL DR.
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SCOTT, JAMES W.
5400 E. COLONIAL DR.
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
GRUSENMEYER, ANITA C
5400 E. COLONIAL DR.
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000106962
04/08/04-80037-018 150.00

**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)(f), 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 changed, or on an attachment with an address, with all other like empowered.