

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90028 027 ***150.00

DOCUMENT # J46722

1. Entity Name
GAINESVILLE FIVE PARTNERS, INC.



Principal Place of Business
**4949 SOUTHFORK DRIVE
LAKELAND, FL 33813 US**

Mailing Address
**4949 SOUTHFORK DRIVE
LAKELAND, FL 33813 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2781083

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HUDGINS, ROBERT H
1036 S FLORIDA AVE
STE 235
LAKELAND, FL 33803**

Name

Street Address (P.O. Box Number is Not Acceptable)
4949 Southfork Drive

City

Lakeland

FL

Zip Code
33813

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

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

Robert H. Hudgins, President

1-28-04

DATE

(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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUDGINS, ROBERT	
STREET ADDRESS	1036 S FLORIDA AVE STE 235	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	VTAS	<input type="checkbox"/> Delete
NAME	HUDGINS, JEAN A	
STREET ADDRESS	1035 S FLORIDA AVE, STE 235	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	SAT	<input type="checkbox"/> Delete
NAME	HUDGINS, TIFFANY K	
STREET ADDRESS	1035 S FLORIDA AVE, STE 235	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	ROSS, KIMBALL K	
STREET ADDRESS	1 OCEANS WEST BLVD #8-B3	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4949 Southfork Drive	
STREET ADDRESS	Lakeland, FL 33813	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4949 Southfork Drive	
STREET ADDRESS	Lakeland, FL 33813	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4949 Southfork Drive	
STREET ADDRESS	Lakeland, FL 33813	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jean A. Hudgins **Jean A. Hudgins**

1-28-04

863-607-9445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #