## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## May 03, 2004 8:00 am Secretary of State DOCUMENT # J90606 1. Entity Name GDP REALTY GROUP, INC. 05-03-2004 90763 015 \*\*\*150.00 Mailing Address Principal Place of Business 1221 E ROBINSON ST. 1221 E ROBINSON ST. ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012004 CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 59-2836438 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PHILIP FONG Street Address (P.O. Box Number is Not Acceptable) 1221 E ROBINSON ST ORLANDO, FL 32801 City 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Change Addition TITLE FONG, GEORGE- -- 1221 E. ROBINSON ST FONG, PHILIP NAME : NAME STREET ADDRESS STREET ADDRESS 1221 E ROBINSON ST CITY+ST-ZIP ORLANDO, FL 32801 FL 32801 ☐ Change DS TITLE Addition TITLE ☐ Delete FONG, DAVID NAME 1221 E ROBINSON ST STREET ADDRESS STREET ADDRESS ORLANDO, FL 32801 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition TITLE Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE NAME NAME - ----STREET ADDRESS 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.