

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J94603

Entity Name: GNG PRODUCTIONS, INC.

FILED
Jan 15, 2004
Secretary of State

Current Principal Place of Business:

NEW SMYRNA BEACH CAMPGROUND
1300 OLD MISSION RD
NEW SMYRNA BCH, FL 32168

New Principal Place of Business:

Current Mailing Address:

NEW SMYRNA BEACH CAMPGROUND
1300 OLD MISSION RD
NEW SMYRNA BCH, FL 32168

New Mailing Address:

FEI Number: 59-2860239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATIENT, GARY
1300 OLD MISSION RD
NEW SMYRNA BCH, FL 32168 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATIENT, GARY
Address: 1300 OLD MISSION RD
City-St-Zip: NEW SMYRNA BCH, FL

Title: VPD () Delete
Name: PATIENT, GARY,
Address: 1300 OLD MISSION RD
City-St-Zip: NEW SMYRNA BCH, FL

Title: SD () Delete
Name: PATIENT, DORIS
Address: 1300 OLD MISSION RD
City-St-Zip: NEW SMYRNA BCH, FL

Title: TD () Delete
Name: PATIENT, DORIS,
Address: 1300 OLD MISSION RD
City-St-Zip: NEW SMYRNA BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PATIENT, GARY
Address: 1300 OLD MISSION RD
City-St-Zip: NEW SMYRNA BCH, FL 32168 VO

Title: VPD (X) Change () Addition
Name: PATIENT, GARY,
Address: 1300 OLD MISSION RD
City-St-Zip: NEW SMYRNA BCH, FL 32168 VO

Title: SD (X) Change () Addition
Name: PATIENT, DORIS
Address: 1300 OLD MISSION RD
City-St-Zip: NEW SMYRNA BCH, FL 32168 VO

Title: TD (X) Change () Addition
Name: PATIENT, DORIS,
Address: 1300 OLD MISSION RD
City-St-Zip: NEW SMYRNA BCH, FL 32168 VO

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS PATIENT

TD

01/15/2004

Electronic Signature of Signing Officer or Director

_____ Date