

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90005 012 ***550.00

DOCUMENT # K13717

1. Entity Name
G & E FLORIDA CONTRACTORS, INC.



Principal Place of Business

**5555 ANGLERS AVENUE
SUITE 4
FORT LAUDERDALE, FL 33312**

Mailing Address

**5555 ANGLERS AVENUE
SUITE 4
FORT LAUDERDALE, FL 33312**

34062589



07132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0026108

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LIEBLER, J. RANDOLPH ESQ
2500
44 WEST FLAGLER ST.
MIAMI, FL 33130**

**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)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HERSMAN, ENRIQUE
STREET ADDRESS 5555 ANGLERS AVENUE, SUITE 4
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE CEO
NAME WINGATE, RICK
STREET ADDRESS 5555 ANGLERS AVENUE, SUITE 4
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-04

Date

(954) 961-0078

Daytime Phone #