

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-16-2004 90029 041 ***150.00

DOCUMENT # K37006

1. Entity Name

GARY DOUNSON & ASSOCIATES, INC.



Principal Place of Business

% GARY G. DOUNSON
2830 N.W. 41ST ST UNIT D
GAINESVILLE FL 32606

Mailing Address

% GARY G. DOUNSON
2830 N.W. 41ST ST UNIT D
GAINESVILLE FL 32606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2910044

Applied For

Not Applicable

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

DOUNSON, GARY G.

~~3952 NW 29TH LANE~~ 2520 NW 38th Drive
GAINESVILLE FL 32606-5

Name

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

City

FL

Zip Code

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

Gary Dounson, President

Ray Pe

4-14-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	DOUNSON, GARY G	
STREET ADDRESS	3952 N.W. 29TH LANE	
CITY-ST-ZIP	GAINESVILLE-FL	
TITLE	ST	☐ Delete
NAME	DOUNSON, GARY G.	
STREET ADDRESS	3952 N.W. 29TH LANE	
CITY-ST-ZIP	GAINESVILLE-FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

Gary Dounson

4-14-04 (352) 375-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #