

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 08, 2004 08:00 AM
Secretary of State**

DOCUMENT # K45933

1. Entity Name
GAEA PROJECT, INC.



Principal Place of Business

P O BOX 745
FROSTPROOF, FL 33843

Mailing Address

P O BOX 745
FROSTPROOF, FL 33843



09012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0087472

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HANLEY, JOAN
2540 ARBUCKLE LAKE ROAD
FROSTPROOF, FL 33843

**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 Joan S. Hanley, President Joan S. Hanley 9/1/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME HANLEY, JOAN
STREET ADDRESS 2540 ARBUCKLE LAKE ROAD
CITY-ST-ZIP FROSTPROOF, FL

TITLE VP
NAME VAN HEURN, GOTTFRIED
STREET ADDRESS 2241 N.W. 81ST TER
CITY-ST-ZIP MIAMI, FL

TITLE ST
NAME CHASE, ROSE
STREET ADDRESS P.O. BOX 206 N/A
CITY-ST-ZIP CHEROKEE VILLAGE, AR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000171822
09/08/04-80007-007 158.75

**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: Joan S. Hanley Joan S. Hanley 9/1/04 863-635-3785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #