


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
Feb 28, 2005 08:00 AM  
Secretary of State

DOCUMENT # K78146  
1. Entity Name  
**GELMO ENTERPRISES, INC.**



Principal Place of Business Mailing Address  
**% AMERICAN AUTO AIR** **% AMERICAN AUTO AIR**  
**737-A TAMiami TRAIL** **737-A TAMiami TRAIL**  
**PORT CHARLOTTE FL 33953** **PORT CHARLOTTE FL 33953**



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt #, etc **NO** Suite, Apt. #, etc

1st MOORE CR2E034 (10/04)

City & State **CHANGE** City & State  
 Zip Country Zip Country

4. FEI Number **65-0111643** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**EMARD, LARRY**  
**737-A TAMiami TRAIL**  
**PORT CHARLOTTE FL 33953**

7. Name and Address of New Registered Agent  
 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 Larry Emard DATE **2-24-05**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EMARD, LARRY 3222 LWAMINGTON ST. PORT CHARLOTTE FL 33980 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOSCATO, NANCY 18601 KLINGLER CIRCLE PORT CHARLOTTE FL 33948 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000246893 02/28/05-30085-004 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Larry Emard DATE **2-24-05** DAYTIME PHONE # **941-629-7979**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #