2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Space   Spac	DOCUMENT # K99559  1. Entity Name  GKJ MANAGEMENT, INC.				Jan 23, 2004 08:00 AM Secretary of State
GAINESVILLE FL 32801  2. Principal Place of Susness  Suite, Apt. #: etc  Suite, Apt. #: etc  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Size  Size  Country  Size  Co	Principal Place	e of Business	Mailing Address	<del></del>	
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Suite, Apt. #. elo:  Suite, Apt. #. elo:  City & State  Country  Sp. 25-2953930  Sp. 75 Acciding the State Sp. 2953930  Sp. 85 Accidence of Registered Agent  Nonce  City FL Zop Code  Cit	GAINESVILL	E FL 32601	GAINESVILLE FL 32	2601	
Suite, Apt. #. elo:  Suite, Apt. #. elo:  City & State  Country  Sp. 25-2953930  Sp. 75 Acciding the State Sp. 2953930  Sp. 85 Accidence of Registered Agent  Nonce  City FL Zop Code  Cit					
City & State  Ci	2. Principal Place of Business		3. Mailing Address		
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   Country   S. Certificance of Status Descrid   S8.75 Additional City of S8.7	Suite Aot # etc		Suite, Apt #, etc.		MOORE CR2E034 (11/03)
Signature   Sign					
6. Name and Address of Current Registered Agent  MCMILLIAN, GLEN 129 NW 10TH AVE GAINESVILLE FL 32601  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tan familiar with, and the obligations of registered agent are of registered agent with, and the obligations of registered agent, or both, in the State of Florida. Tan familiar with, and the obligations of registered agent, or both, in the State of Florida. Tan familiar with, and the obligations of registered agent, or both, in the State of Florida. Tan familiar with, and the obligations of registered agent, or both, in the State of Florida. Tan familiar with, and the obligations of registered agent, or both, in the State of Florida. Tan familiar with, and the obligations of registered agent, or both, in the State of Florida. Tan familiar with, and familiar with are obligated agent are of registered agent, or both, in the State of Florida. Tan familiar with, and familiar with, and familiar agent agent are of registered agent, or both, in the State of Florida. Tan familiar with, and familiar with, and familiar agent agen	City & State		City & State		4. FEI Number 59-2953930 - Applied Fo
Street Address of Name and Address of Name Registered Agent   Name   N	Zıp	Country	Zıp	Country	5. Certificate of Status Desired S8.75 Additional
MCMILLIAN, GIEN 129 NW 10TH AVE GAINESVILLE FL 32601  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 the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MME STRET ADDRESS CITY 51: 20" GAINESVILLE FL  ONNE STRET ADDRESS CITY 51: 20" GAINESVILLE FL  ONNE STRET ADDRESS CITY 51: 20" GAINESVILLE FL 32605  TITLE  MAKE STRET ADDRESS CITY 51: 20" GAINESVILLE FL 32605		6. Name and Address of Currer	nt Registered Agent		
129 NW 10TH AVE GAINESVILLE FL 32601    City   FL   Zip Code	VI Marine unit President de la Companya de la Compa			Name	=
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE    Signature Noved is printed raised deposite agent and time is explicable.   (NOTE Registered Agent Registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.   Onter Programmer agent when reviewing programmer agent with an accordance of the printed printed agent agen	MCMILLIAN, GLEN			Street Addres	ss (P.O. Box Number is Not Acceptable)
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and the obligations of registered agent.  SIGNATURE  Segmenta, lived or junced name of registered agent entitle (applicable)  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	GAINESVILLE FL 32601				
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and the obligations of registered agent.  SIGNATURE  Segmenta, lived or junced name of registered agent entitle (applicable)  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.					- 17.04
THE OWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME MCMILLIAN, GLEN STREET ADDRESS CITY-ST-2P GAINESVILLE FL 32605  TITLE					Γ‱
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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 adjurant and that my signature shall have the same legal effect as if made under oath; that I am an officer or directly of the corporation or the technical emporitor of the corporation or the technical emporitor of the corporation of the corporation of the technical emporitor of the emporitor of the corporation of the technical emporitor of the technical empori

SIGNATURE:

NATURE AND TYPES OF PRINTED MANAGE SIGNING OFFICER OF DIRECTOR

1-21-04

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**FILED**