

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L13618

1. Entity Name
GDS ENTERPRISES, INC.



Principal Place of Business
**4172 TAMiami TRAIL N
NAPLES, FL 34103 US**

Mailing Address
**4186 TAMiami TR. N.
NAPLES, FL 34103 US**



04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0139283

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SKOWER, JOHN
1096 WOODSHIRE LANE, #C105
NAPLES, FL 34103**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SKOWER, JOHN A**
STREET ADDRESS **1096 WOODSHIRE LN, #C105**
CITY - ST - ZIP **NAPLES, FL 34103**

TITLE **D**
NAME **SKOWER, DONNA G**
STREET ADDRESS **1096 WOODSHIRE LN, #C105**
CITY - ST - ZIP **NAPLES, FL 34103**

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U00000142805
04/30/04-81067-003 150.00

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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

4/28/04 235-261-3122
Date Daytime Phone #