


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

06-03-2004 90001 040 \*\*\*150.00

<b>DOCUMENT # L32201</b>			
1. Entity Name <b>GENERAL SPINNING, INC.</b>			
Principal Place of Business <b>721 W. 25TH ST. HIALEAH, FL 33010 US</b>		Mailing Address <b>721 W. 25TH ST. HIALEAH, FL 33010 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PERRY, CLIFTON H. SR.</b> <b>721 W 25TH ST.</b> <b>HIALEAH, FL 33010</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERRY, CLIFTON H., SR.</b>	NAME	
STREET ADDRESS	<b>1111 SW 128 DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE, FL</b>	CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERRY, CLIFTON H JR</b>	NAME	
STREET ADDRESS	<b>1750 W. 46 ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH, FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <b>Clifton Perry Jr.</b>		Date: <b>6/1/04</b> Daytime Phone #: <b>305 888-6099</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

**34056411**



03182003 Chg-P CR2E034 (10/03)

4. FEI Number **65-0172749** Applied For ☐ Not Applicable ☐

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

enclosed

54056411

# L 32201

# General Spinning Inc

5 19 04

TO WHOM IT MAY CONCERN,

SOMETIME IN FEB '04 I RECEIVED

A NOTICE FOR DIV. OF CORP. REPORT. I TOOK OFF  
CARD AND SENT CARD REQUESTING FORM  
FOR THE REPORT. I NEVER RECEIVED IT.

I CONTACTED DIV. OF CORP OFFICE, WAS TOLD

TO SEND THIS LETTER WITH A CHECK

BY A LADY NAMED PATRICIA. THANK YOU

FOR YOUR HELP. NOTHING HAS CHANGED

FROM LAST YEAR.

Clerk P-50.  
Clifton Penney J.  
V. Pres.