## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 19, 2004 8:00 am DOCUMENT # L45295 **Secretary of State** 1. Entity Name 03-19-2004 90064 049 \*\*\*150.00 GEORGE W. GALVIN, INC. Principal Place of Business Mailing Address 751 SW 158TH TERRACE 751 SW 158TH TERRACE PEMBROKE PINES FL 33027 ~ 1 0 ~ 0 1 0 6 PEMBROKE PINES FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0167057 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALVIN, GEORGE W Street Address (P.O. Box Number is Not Acceptable) 757 SW 158TH TERRACE PEMBROKE PINES FL 33027 City 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. GEORGE W GOALVIN SIGNATURE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PVS TITLE Change ☐ Addition ☐ Delete NAME GALVIN, GEORGE W. NAME 751 SW 158TH TORMACE 757 SW 158TH TERRACE STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33027 CITY-ST-ZIP CITY-ST-ZIP TD ☐ Delete TITLE Change Addition GALVIN, GEORGE W. NAME NAME 751 SW 158TH TORRACE 757 SW 158TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 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

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