

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M42244

1. Entity Name

GIBRALTAR VENTURE CAPITAL, INC.



FILED

04 APR 26 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O D'ANGELO, JOSEPH P. DR.
400 POINCIANA DR.
HALLANDALE, FL 33009

Mailing Address

C/O D'ANGELO, JOSEPH P. DR.
400 POINCIANA DR.
HALLANDALE, FL 33009



03082004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2741743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

D'ANGELO, JOSEPH P. DR.
400 POINCIANA DR.
HALLANDALE, FL 33009

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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 Fee

000036199470
05/12/04--01048--019 **300.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS HEICHBERGER, MARGARET 400 POINCIANA DR HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT D'ANGELO, JOSEPH P. 400 POINCIANA DR. HALLANDALE, FL
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**DO NOT WRITE
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

4/15/04
Date

305701141
Daytime Phone #