

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90022 020 \*\*\*150.00

**DOCUMENT # M44008**

1. Entity Name

GUS AND US, INC.



Principal Place of Business

4001 GULFSHORE BLVD N  
#200  
NAPLES FL 34103  
US

Mailing Address

4001 GULFSHORE BLVD N  
#200  
NAPLES FL 34103  
US

2. Principal Place of Business

114 TOWNSEND ST

Suite, Apt. #, etc.

90 JANE L. ANDREWS

City & State

PEPPERELL MA

Zip  
01463

Country

USA

3. Mailing Address

114 TOWNSEND ST

Suite, Apt. #, etc.

90 JANE L. ANDREWS

City & State

PEPPERELL, MA

Zip

01463

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-2760250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZAKS, JOSEPH D ESQ  
850 PARKSHORE DR  
TRIANON CENTRE  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME KLEIN, WILLIAM E SR  
STREET ADDRESS 41001 GULFSHORE BLVD #200  
CITY-ST-ZIP NAPLES FL 34103

TITLE VD ☐ Delete  
NAME ANDREWS, JANE  
STREET ADDRESS 114 TOWNSEND ST  
CITY-ST-ZIP PEPPERELL MA 01463

TITLE TDS ☐ Delete  
NAME ANDREWS, FRANK E  
STREET ADDRESS 114 TOWNSEND ST  
CITY-ST-ZIP PEPPERELL MA 01463

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: V.P.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04 978,433.0596  
Date Daytime Phone #