

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91223 008 ***150.00

DOCUMENT # M70435

1. Entity Name

GUSCO LIMITED, INC.



Principal Place of Business

102 NOCOSSA CIR
~~P.O. BOX 1273~~
JUPITER FL 33468-8273

Mailing Address

102 NOCOSSA CIR
~~P.O. BOX 1273~~
JUPITER FL 33468-8273

2. Principal Place of Business

102 NOCOSSA CIR

3. Mailing Address

102 NOCOSSA CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

JUPITER FL

Zip

33458

Country

US

Zip

33458

Country

US

4. FEI Number

65-0044690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LETSCH, EILEEN F
102 NOCOSSA CIRCLE
JUPITER FL 33458

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 PD ☐ Delete
NAME GRAY, GORDON C.
STREET ADDRESS 102 NOCOSSA CIR
CITY-ST-ZIP JUPITER FL

TITLE T ☐ Delete
NAME CANTY, ARLENE J
STREET ADDRESS 102 NOCOSSA CIR
CITY-ST-ZIP JUPITER FL

TITLE VS ☐ Delete
NAME LETSCH, EILEEN F.
STREET ADDRESS 102 NOCOSSA CIRCLE
CITY-ST-ZIP JUPITER FL

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EILEEN F. LETSCH

4/3/04

Date

561-747-5990

Daytime Phone #