## 2004 FOR PROFIT CORPORATION

## FILED Apr 29, 2004 08:00-AM **ANNUAL REPORT Secretary of State** DOCUMENT # P00000010592 GPC MAINTENANCE SYSTEMS INCORPORATED Principal Place of Business Mailing Address 10151 UNIVERSITY BLVD 10151 UNIVERSITY BLVD NO. 221 NO. 221 ORLANDO, FL 32817 ORLANDO, FL 32817 No Chg-P 04262004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3632077 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GEATHERS, FREDERICK A DO NOT WRITE 3939 STONÉHAVEN ROAD ORLANDO, FL 32817 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 tamillar with, and accept the obligations of registered agent. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees U00000137654 <del>04/29/04-80049-021 158.75</del> 10. OFFICERS AND DIRECTORS TSD TITLE GEATHERS, FREDERICK A MAME 3939 STONEHAVEN ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32817 TITLE GEATHERS, BERTRAM G NAME STREET ADDRESS 3939 STONEHAVEN RD. CITY-ST-ZIP ORLANDO, FL 32817 TETLE NAME STREET ADDRESS DO NOT WRITE City-SI-Zip TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP me NAME.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Be

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

407 679 4201