## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Aug 25, 2004 08:00 AM Secretary of State **DOCUMENT # P00000012466** 1. Entity Name JERRY'S G'S, INC. Mailing Address Principal Place of Business JERRY G'S 2001 N FEDERAL HWY JERRY G'S 2001 N FEDERAL HWY DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 07312004 CR2E034 (10/03) No Cho-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 65-0988323 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GOLDMAN, JERRY 21218 ST. ÁNDREWS BLVD., PMB 309 BOCA RATON, FL 33433 IN THIS SPACE 3. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution Added to Fees corporation did not receive the prior notice. Due by September B, 2004 OFFICERS AND DIRECTORS 10. me GOLDMAN, JERRY NAME STREET ADDRESS 7337 ESTRELLA CT U00000170822 08/25/04-80001-018 150.00 BOCA RATON, FL 33433 CITY - ST-ZIP 737LE NAME STREET ADDRESS CHY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CHY-SI-ZIP MLE IN THIS SPACE NAME STREET ADDRESS. CHY-ST-ZIP ₹1₹LE NAME STREET ADDRESS CHY-ST-212 HILE NAME STREET ADDRESS. CRY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1/19 07(3)(i). Florida Statutes of 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 uncler certify, that if am an officer or director of the corporation or the receiver or trustee employed 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 apprecia, synt fill other like empowered.

SID TYPED OR PRINTED NAME OF SIGNING OFFICER ORDINECTOR

SIGNATURE

**FILED** 

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