2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000028027 1. Entity Name G. BROCK ENTERPRISES, INC.						Feb 12, 2004 08:00 AM Secretary of State			
Principal Place of Business		Mailing Address	Mailing Address		7				
7136 MARTIN RD		P.O. BOX 2410	*						
MILTON FL 32570		PACE FL 32571							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt #, etc.		-	MOODE ODDER	04 (14/00)			
Suite. Apr. #, etc.					MOORE CR2E034 (11/03)				
City & State		City & State			4. 8	59-3646788	⊢	plied For at Applicable	
Zip Country		Zip Coun		у		Contilioning of Status Desired	\$8.75 Add		
					_l	Certificate of Status Desired	Fee Require		
6. 1	Name and Address of Curre	ent Registered Agent		Name	7. 1	Name and Address of New Registere	d Agent		
BROCK, GARY									
7136 MA	RTIN ROAD			Street Address (P.O. Box Number is Not Acceptable)					
MILTON	FL 32570		Γ						
			-	City			Zip Cod	e	
9 The above names	Lantity submits this statemen	ot for the purpose of changing it	ts registere	d office or registr	ered an	gent, or both, in the State of Florida. I a		and accept	
the obligations of		it for the purpose of changing i	io registeret	a office of registr	crea ag	gent, or bonn, in the ottage of the force. The	211 G11111Q1 141Q14	and dooop.	
CICNATURE									
SIGNATURE	b, typed or printed name of registered as	gent and title if applicable (NC	TE Registered	Agent signature require	ed when n	einstating) DAT	E		
After May	OW!!! FEE IS \$150.00 1, 2004 Fee will be \$550.0 ble to Florida Departmen					Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10.	OFFICERS A	ND DIRECTORS	11.		ΑĽ	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE PD		☐ Delete	TITLE				Change	Addition	
I I	K, GARY MARTIN RD		NAME	T ADDRESS					
CITY-ST-ZIP MILTON FL 32570			CITY-	-					
TITLE	☐ Delete YIY		TITLE				☐ Change	Addition	
NAME			NAME			U00000048272 02/12/04-80073-025 158.75		_	
STREET ADDRESS CITY-ST-ZIP				T ADORESS ST-ZIP		02/12/04-80073-025 158.75			
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP		□ Delete	TITLE	ST-ZIP			☐ Change	☐ Addition	
TITLE NAME		☐ Delete	NAME				ondays	المالان المالان	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY	ST-ZIP					
TITLE		☐ Delete	TITLE NAME				Change	☐ Addition	
NAME STREET ADDRESS			1	T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME CONTEXT ADDRESS			NAME	T ADDRESS					
STREET ADDRESS CITY-ST-ZIP				ST-ZIP					
1	hat the information supplied	with this filing does not qualify			Section	119.07(3)(i), Florida Statutes, I further	certify that the i	nformation	
indicated on this of the corporatio	report or supplemental repo in or the receiver or trustee e	ort is true and accurate and that impowered to execute this repo	it my signati ort as regard	ure shall have the ed by Chapter 6	e same 07, Flor	119.07(3)(i), Florida Statutes, I further legal effect as if made under oath; tha ida Statutes, and that my name appea	ıtı am an otticer ırs in Block 10 o	r or airector r Block 11 if	
changed, or on a	an attachment with an addre	ss, with all other like empowere	a. //			_			
SIGNATURI	E:	yany mol	/		·	2-6-04 Date			
	SIGNATURE AND TYPED	OR PRINTED MANE OF SIGNING OFFICE	ER OR DIRECTO	OR		Date	Daytime Phone #		

FILED