

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000036389

Entity Name: GDR ENGINEERING, INC.

FILED
Jan 10, 2004
Secretary of State

Current Principal Place of Business:

4698 SW HAMMOCK CREEK DRIVE
PALM CITY, FL 34990

New Principal Place of Business:

4100 N HIGHWAY A1A
APT. 413
FORT PIERCE, FL 34949

Current Mailing Address:

4698 SW HAMMOCK CREEK DRIVE
PALM CITY, FL 34990

New Mailing Address:

4100 N HIGHWAY A1A
APT. 413
FORT PIERCE, FL 34949

FEI Number: 65-0996942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOCOOL, BISHNUDATT F.
4698 S.W. HAMMOCK CREEK DRIVE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

GOCOOL, BISHNUDATT F.
4100 N HIGHWAY A1A
APT. 413
FORT PIERCE, FL 34949 US

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.

SIGNATURE:

01/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOCOOL, BISHNUDATT
Address: 4698 SW HAMMOCK CREEK DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: GOCOOL, NELDA PATTON
Address: 4698 SW HAMMOCK CREEK DRIVE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOCOOL, BISHNUDATT F
Address: 4100 N HIGHWAY A1A
City-St-Zip: FORT PIERCE, FL 34949

Title: S (X) Change () Addition
Name: GOCOOL, NELDA PATTON
Address: 4100 N HIGHWAY A1A
City-St-Zip: FORT PIERCE, FL 34949

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BISHNUDATT F GOCOOL

P

01/10/2004

Electronic Signature of Signing Officer or Director

Date