


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90342 039 ***150.00

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|---|--|---|--|---|--|
| DOCUMENT # P00000070348 1. Entity Name G. C. DEPALMA, P.A. | | | |  | |
| Principal Place of Business 336 GOLFVIEW RD #614 NORTH PALM BEACH, FL 33408 US | | | Mailing Address 717 E OAK STREET KISSIMMEE, FL 34744 US | | |
| 2. Principal Place of Business 717 East Oak Street | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State Kissimmee, FL | | | City & State | | |
| Zip 34744 | | Country US | | 4. FEI Number 59-3660180 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SWART, HARRY J CPA 717 E OAK ST KISSIMMEE, FL 34744 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11" | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST DEPALMA, GRACE C 336 GOLFVIEW RD #614 NORTH PALM BEACH, FL 33408 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 717 East Oak Street Kissimmee, FL 34744 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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: <u>Grace C. De Palma</u> <u>April 19/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |