

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90011 008 ***150.00

DOCUMENT # P00000086144					
1. Entity Name GMI PROFESSIONAL SERVICES, INC.					
Principal Place of Business LOT 20 DOPEY DR LAKE BUENA VISTA, FL 32830 US			Mailing Address PO BOX 22029 LAKE BUENA VISTA, FL 32830 US		
2. Principal Place of Business 2416 SOUTH LAKE ORANGE DR Suite, Apt. #, etc. SUITE 140			3. Mailing Address PO BOX 771267 Suite, Apt. #, etc.		
City & State ORLANDO, FL			City & State ORLANDO, FL		
Zip 32837		Country USA		4. FEI Number 59-3670390	
Zip 32837		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNEED, WILLIAM C 7380 SAND LAKE ROAD SUITE 500 ORLANDO, FL 32819					
7. Name and Address of New Registered Agent Name: SNEED, WILLIAM C Street Address (P.O. Box Number is Not Acceptable): 2416 SOUTH LAKE ORANGE DR SUITE 140 City: ORLANDO State: FL Zip Code: 32837					
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: <u>William C Sneed</u> <u>William C. SNEED</u> DATE: <u>7-7-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SNEED, WILLIAM C 7380 SAND LAKE ROAD ORLANDO, FL 32819				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete WHITING, ROBERT E 5979 WESTGATE DRIVE ORLANDO, FL 32835				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete CHAMBERS, HAVIS 6388 RALEIGH STREET #2705 ORLANDO, FL 32835				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MARK, FRANCIS G 1145 N. TROPICAL TRAIL MERRITT ISLAND, FL 32953				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DICKSON, GARY R PO BOX 872 DAUPHIN ISLAND, FL 36528				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2416 SOUTH LAKE ORANGE DRIVE, SUITE 140 ORLANDO, FL 32837				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CECIL WHITLOCK 2876 APOLLO CT., ONIEDO, FL 32765				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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>ROBERT E. WHITING JR</u> <u>7/3/04</u> <u>407.948.6696</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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