

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086144

FILED
Mar 02, 2005
Secretary of State

Entity Name: GMI PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

2416 SOUTH LAKE ORANGE DRIVE - SUITE 140
ORLANDO, FL 32837 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 771267
ORLANDO, FL 32877 US

New Mailing Address:

FEI Number: 59-3670390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNEED, WILLIAM C
2416 SOUTH LAKE ORANGE DRIVE - SUITE 140
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SNEED, WILLIAM C
Address: 2416 SOUTH LAKE ORANGE DRIVE - SUITE 140
City-St-Zip: ORLANDO, FL 32837 US

Title: S () Delete
Name: CHAMBERS, HAVIS
Address: 6388 RALEIGH STREET #2705
City-St-Zip: ORLANDO, FL 32835 US

Title: D () Delete
Name: DICKISON, GARY R
Address: PO BOX 872
City-St-Zip: DAUPHIN ISLAND, FL 36528 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: SNEED, LENA
Address: 2416 S LAKE ORANGE DRIVE, SUITE 140
City-St-Zip: ORLANDO, FL 32837 US

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: WILLIAM C SNEED

P

03/02/2005

Electronic Signature of Signing Officer or Director

Date