
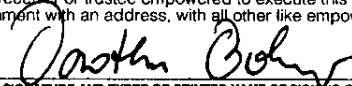


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90034 004 \*\*\*150.00

<b>DOCUMENT # P00000101563</b>			
1. Entity Name <b>G &amp; S INVESTMENTS, INC.</b>			
Principal Place of Business <b>1113 SW 47 TERRACE STE 4 CAPE CORAL, FL 33904</b>		Mailing Address <b>1113 SW 47 TERRACE STE 4 CAPE CORAL, FL 33904</b>	
2. Principal Place of Business <b>1113 S.E. 47 Terr</b>		3. Mailing Address <b>1113 S.E. 47 Terr</b>	
Suite, Apt. #, etc. <b># 4</b>		Suite, Apt. #, etc. <b># 4</b>	
City & State <b>Cape Coral, Florida</b>		City & State <b>Cape Coral, Florida</b>	
Zip <b>33904</b>	Country <b>US</b>	Zip <b>33904</b>	Country <b>US</b>
6. Name and Address of Current Registered Agent <b>SCHUTT, DARRIN R-ESQ 1105 APE CORAL PKY E CAPE CORAL, FL 33904</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD GORSLER, HEINZ 1113 SW 47 TERR 4 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORSLER, HEINZ 1113 S.E. 47 Terr. #4 Cape Coral, Fl. 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOEER, WERNER 1113 SW 47 TERRACE STE 4 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STROEER, WERNER 1113 S.E. 47 Terr. #4 Cape Coral, Fl. 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOEHLER, ERNEST 1113 SW 47 TERRACE STE 4 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOEHLER, ERNST 1113 S.E. 47 Terr. #4 Cape Coral, Fl. 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOHER, DOROTHE 1113 SW 47 TERRACE STE 4 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOHRER, DOROTHEE 1113 S.E. 47 Terr. #4 Cape Coral, Fl. 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: 		Boherer Dorothee 3/4/04 239-540-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	