


FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90001 039 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000115198			
1. Entity Name GTM CONSULTING, INC.			
Principal Place of Business 8666 SEMINOLE BLVD SEMINOLE, FL 33772		Mailing Address 8666 SEMINOLE BLVD SEMINOLE, FL 33772	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3686645		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		08042004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent THOMAS, DENNIS K 8666 SEMINOLE BLVD SEMINOLE, FL 33772		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 _____ DATE _____ <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 \$550.00 Due by September 8, 2004		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 HAGEDORN, SHAWN 8666 SEMINOLE BLVD SEMINOLE, FL 33772 <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
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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: <u>R.S. Hagedorn</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>8/16/04</u> Daytime Phone #: <u>727-398-2080</u>	

R.S. HAGEDORN

Attachment

54069012

#P00000115198

GTM CONSULTING, INC.
8666 SEMINOLE BLVD.
SEMINOLE, FL 33772

August 11, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

It has just come to my attention that I have not filed our Uniform Business Report for 2004. I travel quite frequently and do not recall receiving your initial reminder to file. My accountant has informed me that you changed your protocol this year and instead of the usual green & white form, you mailed out postcards instead.

I have attached the 2004 Uniform Business Report, downloaded from your website, and my check in the amount \$150 to bring my corporation's status to current for 2004.

Please do not hesitate to contact me if you have any questions.

Sincerely,



Shawn Hagedorn
President

SH/jas
Enclosures