2004 FOR PROFIT CORPORATION

SIGNATURE STATUS AND TYPED OR PRINTED NAME

ANNUAL REPORT (AR)					FILED			
DOCUMENT # P01000002114 1. Entity Name					Jan 27, 2004 08: Secretary of S	00 AM & State Ø (s _	
J.T. GATLIN ENTERPRISES, INC.			Wa		(A) A	2000		
Principal Place of Business		Mailing Address				÷		
2165 TAMPICO ST PORT SAINT LUCIE FL 34953		2165 TAMPICO ST PORT SAINT LUCIE FL 34953				::: 22::2 :: 23: : :: 3 :: 3:	13821 11 (15 9)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2	E034 (11/03)		
City & State		City & State		4.	FEI Number 65-1103174	1 1	splied For at Applicati	
Z _i p Gountry		Zip Country		5.	Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent	1	1 7.	Name and Address of New Registe	•	2	
30 9	RTONE, ALEXANDER L SE 7TH ST., UNIT B CA RATON FL 33432	_ • •	Name Street Add	dress (P.O.	Box Number is Not Acceptable)	· · · —·-·-		
			City		··	FL Zip Code	3	
	named entity submits this statement folions of registered agent.	x the purpose of changing its re	gistered office or re	egistered a	gent, or both, in the State of Florida.	t am familiar with,	and acce	
SIGNATURE ,	Signature, typed or printed name of registered agent	and title if applicable (NOTE F	Regislered Agent signature	. ಚರ್ವಚಿತ್ರ ಹೈಲು	reinstating) {	DAYE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 (Payable to Florida Department o	f State			Election Campaign Financin Trust Fund Contribution.		O May Be to Fees	
10.	OFFICERS AND	DIRECTORS	31.	A	DDITIONS/CHANGES TO OFFICERS			
THTLE NAME	D TRIVIGNO, JOSEPH	☐ Delete	TITLE NAME			Change		
STREET ADORESS	2165 TAMPICO ST		STREET ADDRESS		0000 <mark>001455</mark> 1 01/27/04-80027-	1	_	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953		CHY-SI-ZIP		01/27/04-80027	-019 ISO.00]	
TITLE NAME STREET ADDRESS		☐ Delete	THE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	□ Add*	
CITY-ST-ZIP		□ Delete	INCE			Change	☐ Action	
NAME STREET ADDRESS CITY-ST-ZIP		_ Decere	NAME STREET ADDRESS CHY-SI-ZIP			<u> </u>		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change	□ Add"	
CITY-ST-ZIP	-		City-St-ZiP		-	<u>_</u> .		
NAME STREET ABORESS		☐ Delete	SITEE NAME STREET ADDRESS			☐ Change	□ Al-TT	
City-St-ZiP			CITY-ST-ZSP					
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Delete	TITLE NAME SIREET ADDRESS CITY-ST-ZIP			☐ Change	∏ Add**	
12. I hereby indicated of the col changed	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	h this filing does not qualify for to is true and accurate and that my lowered to execute this report a with all other like empowered.	he exemption state r signature shall har s required by Chap	ed in Section ve the same eter 607, Flo	n 119.07(3)(i), Florida Statutes. I furth e legal effect as if made under oath; xida Statutes; and that my name app	er certify that the in that I am an officer lears in Block 10 or	nformation or director Block 11	

7772 -878-595 Davime Phone #