2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 28, 2004 8:00 am **DOCUMENT # P01000015617 Secretary of State** 1. Entity Name 04-28-2004 90266 036 ***150.00 GIO ENTERPRISES, INC. Principal Place of Business Mailing Address 2955 WENTWORTH WAY 2955 WENTWORTH WAY TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 54043215 3. Mailing Address 2955 WENTWOTH 2. Principal Place of Business Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State PON SPRINGS FLA 4. FEI Number Applied For 59-3708357 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAROL_ A. GENOVESE_ FERNANDEZ, KRISTOPHER E Street Address (P.O. Box Number is Not Acceptable) 307 SOUTH BOULEVARD SUITE D TAMPA FL 33606 TARPON SPRINGS City 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 familia Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT Change Addition TITLE ☐ Delete TITLE GENOUESE CHARLES T. JR. 2955 WENTWORTH WAY TARPON SPRINGS FL NAME ~ GENOVESE, CHARLES T JR. NAME STREET A PRESS 2955 WENTWORTH WAY STREET ADDRESS 34688 TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP SECRETARY TITLE ☐ Detete TITLE GENOVESE, CAROL A. 2955 WENTWOOD WAY TARPON SPRINGS, F NAME GENOVESE, CAROL A NAME STREET ADDRESS 2955 WENTWORTH WAY STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

4/26/64 727-938-4866 Date Daytime Phone #