

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90093 020 \*\*\*150.00

<b>DOCUMENT # P01000043018</b> 1. Entity Name <b>GMV OF CENTRAL FLORIDA, INC.</b>					
Principal Place of Business <b>9218 SONIA STREET ORLANDO, FL 32825</b>			Mailing Address <b>9218 SONIA STREET ORLANDO, FL 32825</b>		
2. Principal Place of Business <b>12335 WINDSTREAM LANE</b>			3. Mailing Address <b>90 9218 SONIA ST.</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>JACKSONVILLE FLORIDA</b>			City & State <b>ORLANDO FLORIDA</b>		
Zip <b>32258</b>			Zip <b>32825</b>		
Country 			Country <b>ORANGE</b>		
4. FEI Number <b>59-3716713</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>FOLEY, WILLIAM 9218 SONIA STREET ORLANDO, FL 32825</b>			7. Name and Address of New Registered Agent Name 		
<b>12335 WINDSTREAM LANE JACKSONVILLE FLORIDA 32258</b>			Street Address (P.O. Box Number is Not Acceptable) 		
City 			City <b>FL</b>		
Zip Code 			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 <b>1-29-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <b>FOLEY, WILLIAM R JR</b> <b>9218 SONIA STREET</b> <b>ORLANDO, FL 32825</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>CHANGE ADDRESS</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>12335 WINDSTREAM LANE JACKSONVILLE FLORIDA 32258</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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:  DATE <b>1-29-04</b> DAYTIME PHONE # <b>904-332-0715</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					