

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068513

FILED
Apr 10, 2004
Secretary of State

Entity Name: GREAT FLORIDA OF PALM BAY, INC.

Current Principal Place of Business:

4651 BABCOCK STREET NE SUITE 17
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

4651 BABCOCK STREET NE SUITE 17
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 59-3730511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINGUEZ, MARIA C PRESIDE
4651 BABCOCK STREET NE SUITE 17
PALM BAY, FL 32905

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOMINGUEZ, MARIA C PRESIDE
Address: 701 BROOKEDGE TERR
City-St-Zip: SEBASTIAN, FL 32958 US

Title: V () Delete
Name: CASTELLANOS, DAVID
Address: 4651 BABCOCK STREET NE SUITE 17
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA C DOMINGUEZ

P

04/10/2004

Electronic Signature of Signing Officer or Director

_____ Date