## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000070284

1. Entity Name
GV STATION, INC.





FILED Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business

2221 LEE ROAD #28 WINTER PARK, FL 32789 Mailing Address

2221 LEE ROAD #28 WINTER PARK, FL 32789



04112004

No Chg-P

CR2E034 (10/03)

FEI Number
 59-3728710

Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6.	Name and	Address o	of Current	Registered	Agent

LECCESE, SALVADOR F 2221 LEE ROAD #28 WINTER PARK, FL 32789

## DO NOT WRITE IN THIS SPACE

		1					
	named entity submits this statement for the points of registered agent.	urpose of changing its registered	office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and little if	applicable (NOTE Registered A	gen) signatui	e required when reinstaling)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			U0000129031		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECCESE, SALVADOR F 2221 LEE ROAD #28 WINTER PARK, FL 32789				000000129031 04/26/04-80062-013 158.75		
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE							

12. I hereby certify that the information supplied with this filling 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: \_

STREET ADORESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-64

407-645-5576

Daytime Phone #