

2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-15-2005 90084 048 ****58.75
P01000070284

FILED

05 JUN 15 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#100.00
58.75
#158.75

DOCUMENT # P01000070284
1. Entity Name
GV STATION, INC.



#158.75
Station

Principal Place of Business
2221 LEE ROAD #28
WINTER PARK, FL 32789

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

04/15/05 90017 015
04/15/05 90084 048



2. Principal Place of Business
650 S. Northlake Blvd
Suite, Apt. #, etc.
Suite 450
City & State
Altamonte Springs, FL
Zip
32701

3. Mailing Address
650 S. Northlake Blvd
Suite, Apt. #, etc.
Suite 450
City & State
Altamonte Springs, FL
Zip
32701

04042005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3728710

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LECCESE, SALVADOR F
2221 LEE ROAD #28
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
650 S. Northlake Blvd, Suite 450
City Altamonte Springs FL Zip Code 32701

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LECCESE, SALVADOR F	
STREET ADDRESS	2221 LEE ROAD #28	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	650 S. Northlake Blvd, Suite 450
CITY-ST-ZIP	Altamonte Springs, FL 32701
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4-6-05 407-645-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #