


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State


01-14-2005 90009 020 ***150.00

DOCUMENT # P01000070688	
1. Entity Name GANSER, INC.	

Principal Place of Business 4900 BRYWILL CIRCLE SARASOTA, FLORIDA, FL 34234	Mailing Address 4900 BRYWILL CIRCLE SARASOTA, FLORIDA, FL 34234
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2. Principal Place of Business 5588 Golf Point Drive Suite, Apt. #, etc.	3. Mailing Address 2033 Main Street Suite, Apt. #, etc. Ste. 600
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City & State Sarasota, Florida	City & State Sarasota, Florida
Zip 34243	Zip 34243
Country USA	Country USA

50002681

01062005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1124099	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MYERS, JR, TROY H 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GANSER, GUNTER 4900 BRYWILL CIRCLE SARASOTA, FL 34234	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GANSER, GUNTER 5588 GOLF Point Drive SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MYERS, JR. TROY H 2033 MAIN ST, STE 600 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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:  Vice President	Date 1/07/05	Daytime Phone # (941) 953-8110
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