## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000083527

HAZZARD, KATHY

8550 LANSMERE LANE

ORLANDO, FL 32825

Name:

Address: City-St-Zip:

## N

FILED Jan 07, 2004 Secretary of State

**Entity Name:** GLOBAL TRANSITION GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 616 HEATHER STONE DR MERRITT ISLAND, FL 32953 **Current Mailing Address: New Mailing Address:** PO BOX 540981 MERRITT ISLAND, FL 329540981 FEI Number: 59-3740672 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOSHE, THOMAS K 616 HEATHER STONE DR MELBOURNE, FL 32935 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition LOSHE, THOMAS K Name: Name: 616 HEATHER STONE DRIVE Address: Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: Title: SVP Title: () Delete () Change () Addition Name: LOSHE, DONNA Name: 616 HEATHER STONE DRIVE Address: Address: MERRITT ISLAND, FL 32953 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: VPT () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS K. LOSHE P 01/07/2004