


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000083930

1. Entity Name
GRAV-TRAC INC.



Principal Place of Business 12834 OLIVE JONES ROAD TAMPA, FL 33625	Mailing Address 12834 OLIVE JONES ROAD TAMPA, FL 33625
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3751571	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RYDELL, RALPH E
 2911 SAFE HARBOR DRIVE
 TAMPA, FL 33618**

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, LEWIS C 12834 OLIVE JONES ROAD TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYDELL, RALPH E 2911 SAFE HARBOR DRIVE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, SIDNEY 12834 OLIVE JONES ROAD TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYDELL, KATHLEEN C 2911 SAFE HARBOR DR. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

UG0000110804
 04/12/04-80097-017 150.00

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: Kathleen C. Rydell 4/8/04 813-932-8710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #