

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P01000088706

1. Entity Name
GTT PROMOTION IN MOTION, INC.



Principal Place of Business
**1700 WEST NEW HAVEN AVENUE
SUITE 621
MELBOURNE, FL 32904**

Mailing Address
**1700 WEST NEW HAVEN AVENUE
SUITE 621
MELBOURNE, FL 32904**

DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number
74-3040827

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BLANCHARD, RALPH J
4273 TURTLEMOUND ROAD
MELBOURNE, FL 32934**

**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

000000108445
04/12/04-80003-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLANCHARD, RALPH J
STREET ADDRESS	4273 TURTLEMOUND ROAD
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	S
NAME	BLANCHARD, GERALDINE
STREET ADDRESS	4273 TURTLEMOUND ROAD
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	V
NAME	BLANCHARD, MARC C
STREET ADDRESS	5638 WALDEN FARM DRIVE
CITY-ST-ZIP	POWDER SPRINGS, GA 30350
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: **Ralph J. Blanchard**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/04

Date

321-676-6040

Daytime Phone #