

**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT# P01000097728

1. Entity Name
G & A REAL ESTATE, INC.



Principal Place of Business
5455 SOUTH UNIVERSITY DR.
DAVIE, FL 33328

Mailing Address
5455 SOUTH UNIVERSITY DR.
DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

FILED

04 MAR 19 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREGORY, DANIEL D
5455 SOUTH UNIVERSITY DR.
DAVIE, FL 33328

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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

3/2/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$450.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

900031287349
03/26/04--01094--005 **150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GREGORY, DANIEL D
5455 SOUTH UNIVERSITY DR.
DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
AICHER, KEVIN R
5455 SOUTH UNIVERSITY DR.
DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04

Date

Daytime Phone #