



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90275 043 \*\*\*150.00

<b>DOCUMENT # P02000000107</b>					
<b>1. Entity Name</b> GIGACLOUD INC.					
<b>Principal Place of Business</b> 1310 PAUL RUSSELL ROAD STE A TALLAHASSEE, FL 32301			<b>Mailing Address</b> PO BOX 13988 TALLAHASSEE, FL 32317		
<b>2. Principal Place of Business</b> 1206 WALTON DRIVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> TALLAHASSEE, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 26-0002547	
<b>Zip</b> 32312		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HOOD, J BRADFORD 3350 TANSBY CT TALLAHASSEE, FL 32308			<b>7. Name and Address of New Registered Agent</b> Name HOOD, J. BRADFORD Street Address (P.O. Box Number is Not Acceptable) 1206 WALTON DRIVE City TALLAHASSEE FL Zip Code 32312		
<b>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.</b> SIGNATURE: <u>J. Bradford Hood</u> DATE: <u>04/28/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOD, BRADFORD 3350 TANSEY CT TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOD BRADFORD 1206 WALTON DRIVE TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
SIGNATURE: <u>J. Bradford Hood</u> DATE: <u>04/28/04</u> DAYTIME PHONE #: <u>850-878-7747</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					