

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000000503

1. Entity Name
G. L. GITNER & COMPANY, INC.



Principal Place of Business
3720 SOUTH OCEAN BLVD., UNIT 705
HIGHLAND BEACH, FL 33487

Mailing Address
3720 SOUTH OCEAN BLVD., UNIT 705
HIGHLAND BEACH, FL 33487



02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0559684
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GITNER, GERALD L
3720 SOUTH OCEAN BLVD., UNIT 705
HIGHLAND BEACH, FL 33487

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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GITNER, DEANNE
STREET ADDRESS	3720 S. OCEAN BLVD., UNIT 705
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	C
NAME	GITNER, GERALD
STREET ADDRESS	3720 S. OCEAN BLVD., UNIT 705
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
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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03/09/05-80015-011 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 life empowered.

SIGNATURE: Deanne H. Gitner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05 561-243-2154
Date Daytime Phone #