

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000006300														
1. Entity Name ANTHONY MICHAEL GARCIA INC														
Principal Place of Business 2700 GLEN OAKS CIRCLE GULF BREEZE, FL 32561		Mailing Address P O BOX 760 GENEVA AL 36340												
DO NOT WRITE IN THIS SPACE														
5. Name and Address of Current Registered Agent ELLENBURG, LISA 1136 ENGLISH LANE WESTVILLE, FL 32464														
1. 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 _____ (NOTE: Registered Agent signature required when remaining) 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 <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>PST ANTHONY M. GARCIA 2700 GLEN OAKS CIRCLE GULF BREEZE, FL 32561</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ANTHONY M. GARCIA 2700 GLEN OAKS CIRCLE GULF BREEZE, FL 32561	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		TITLE NAME STREET ADDRESS CITY-ST-ZIP		U000000152830 05/04/04-80102-002 150.00 DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Anthony M. Garcia</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR 4-30-04 (850)932-9911 Date Daytime Phone #														



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 72-1402448	Applied For Not Applicable
3. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	