


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

|  |  |                                 |   |  |  |
|--|--|---------------------------------|---|--|--|
| <b>DOCUMENT # P02000012132</b><br>1. Entity Name<br><b>G.I. ENTERPRISES &amp; ASSOCIATES, INC.</b>   |  |                                 |   |   |  |
| Principal Place of Business<br><b>3569 TWISTED OAK CT<br/>LAKE WALES FL 33853</b>  |  |                                 | Mailing Address<br><b>3569 TWISTED OAK CT<br/>LAKE WALES FL 33853</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                             |  |  |
| City & State   |  |                                 | City & State  |  |  |
| Zip  |  | Country                         |   | Zip  |  |
| Country  |  | Country                         |   | 4. FEI Number <b>80-0030148</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |                                 |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FISHER, LINDA<br/>3569 TWISTED OAK CT<br/>LAKE WALES FL 33853</b>  |  |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |  |                                 |   |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2005 Fee Will Be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 35%;">         9. Election Campaign Financing<br/>         Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div> |  |                                 |   |  |  |
| 10. OFFICERS AND DIRECTORS   |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>FISHER, LINDA<br>3569 TWISTED OAK CT<br>LAKE WALES FL 33853 | <input type="checkbox"/> Delete |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete |   |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete |   |  |  |



1st MOORE CR2E034 (10/04)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

3/11/05

863-638-3255

Date

Daytime Phone #