### **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

#### **DOCUMENT # P02000023150**

1. Entity Name

GATTIS & HALLOWES MEDIATION SERVICES, INC.



**FILED** Jan 12, 2004 08:00 AM **Secretary of State** 

Principal Place of Business

130 HILLCREST STREET ORLANDO, FL 32801

Mailing Address

130 HILLCREST STREET ORLANDO, FL 32801



## DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0629279

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

GATTIS, DONALD L JR 130 HILLCREST STREET ORLANDO, FL 32801

of the corporation or the receiver or trustee emichanged, or on an attachment with appedires

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# DO NOT WRITE IN THIS SPACE

-5-04

407-447-0347

	named entity submits this statement for the plons of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE					
FILE NOWI! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	I		4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATTIS, DONALD L JR 130 HILLCREST STREET ORLANDO, FL 32801				U00000002133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLOWES, WALTON B 130 HILLCREST STREET ORLANDO, FL 32801				01/13/04-80001-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					······································
12. I hereby certify that the information supplied with this filling 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 attachpent with appedires; with all other like empowered.					