

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90076 033 \*\*\*150.00

44025468



01132004 Chg-P CR2E034 (10/03)

4. FEI Number  
01-0642326  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

<b>DOCUMENT # P02000025342</b>	
1. Entity Name GARCES, INC.	
Principal Place of Business 2624 LITTLE HILL COVE, #200 OVIEDO, FL 32765	Mailing Address 200 E. ROBINSON ST., STE. 500 ORLANDO, FL 32801

2. Principal Place of Business 955 E Altamonte Dr. Suite, Apt. #, etc.	3. Mailing Address 20 N ORANGE AVE Suite, Apt. #, etc. SUITE 407
City & State Altamonte Springs, FL	City & State
Zip 32701	Country

6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, PA 20 N. ORANGE AVENUE ORLANDO, FL 32801	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SUITE 407 City FL 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: *M Stinson* 3/30/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS GARCES, MIGUEL 2642 LITTLE HILL COVE #200 OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	952 Old Mail Lane Sartford, FL 32773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GARCES, CHRISTA 2642 LITTLE HILL COVE, #200 OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	KRISTA GARCES 952 Old Mail Lane Sartford, FL 32773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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.  
SIGNATURE: *Miguel Garces* 3/30/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #