

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000075811

FILED
Mar 07, 2004
Secretary of State

Entity Name: GARY'S EQUIPMENT REPAIR AND SERVICE, INC.

Current Principal Place of Business:

2851 NW 88 TERRACE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2851 NW 88 TERRACE
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 54-2063119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIRCKS, STEVE
2851 NW 88 TERRACE
CORAL SPRINGS, FL 33065

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIRCKS, STEVE
Address: 2851 NW 88TH TERR.
City-St-Zip: CORAL SPRINGS, FL 333065

Title: S () Delete
Name: DIRCKS, JULIE
Address: 2851 NW 88TH TERR.
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIRCKS, STEVE
Address: 2851 NW 88TH TERR.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE DIRCKS

P

03/07/2004

Electronic Signature of Signing Officer or Director

Date