

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 11, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000084847

1. Entity Name
G T H I INCORPORATED



Principal Place of Business
**2827 KAVALIER DRIVE
PALM HARBOR, FL 34684**

Mailing Address
**2827 KAVALIER DRIVE
PALM HARBOR, FL 34684**

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3864772

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THERRIEN, GEORGE
2827 KAVALIER DR.
PALM HARBOR, FL 34684**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	P
NAME	THERRIEN, GEORGE
STREET ADDRESS	2827 KAVALIER DR.
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	ST
NAME	THERRIEN, LAURA
STREET ADDRESS	2827 KAVALIER DR.
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/04-80097-003 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-04

Date

727-365-2900

Daytime Phone #