

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90006 020 \*\*\*150.00

DOCUMENT # P02000096441

1. Entity Name  
GRTF, INC.



Principal Place of Business

4031 NORTH LIBERTY STREET  
CASSADAGA, FL 32206  
JACKSONVILLE, 32206

Mailing Address

4031 NORTH LIBERTY STREET  
CASSADAGA, FL 32206  
JACKSONVILLE, 32206

54007981



2. Principal Place of Business

4031 North Liberty Street

3. Mailing Address

4031 North Liberty Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292004

Chg-P

CR2E034 (10/03)

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

51-8424918

Applied For

Not Applicable

Zip  
32206

Country  
USA

Zip  
32206

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOVATT, JEFF M  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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 PD ☒ Delete  
NAME COOPER, PAUL  
STREET ADDRESS 1696 DANTHORPE DR  
CITY-ST-ZIP MISSISSAUGA, ONTARIO, 15j762

TITLE VPO ☒ Delete  
NAME TUTWILER, PAUL  
STREET ADDRESS 3117 NORTH LIBERTY STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE STD ☒ Delete  
NAME LOMAGA, ANDY  
STREET ADDRESS 81 GERALD STREET  
CITY-ST-ZIP TORONTO, ONTARIO, m6b1x5

TITLE D ☐ Delete  
NAME SCHONBERGER, TOM  
STREET ADDRESS 83 HILLMOUNT AVENUE  
CITY-ST-ZIP TORONTO, ONTARIO, m6b1x5

TITLE D ☒ Delete  
NAME BENNETT, DAVID C  
STREET ADDRESS 8099 PALOMINO DRIVE  
CITY-ST-ZIP NAPLES, FL 34113

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Change ☒ Addition  
NAME Marquis, Michel  
STREET ADDRESS 4031 North Liberty Street  
CITY-ST-ZIP Jacksonville, Florida 32206

TITLE D/VP Finance ☐ Change ☒ Addition  
NAME Beaulieu, Serge  
STREET ADDRESS 4031 North Liberty Street  
CITY-ST-ZIP Jacksonville, Florida 32206

TITLE Plant Manager ☐ Change ☒ Addition  
NAME Smith, Marv  
STREET ADDRESS 4031 North Liberty Street  
CITY-ST-ZIP Jacksonville, Florida 32206

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARV SMITH Plant Manager

Feb. 6/04 904-798-8767