

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90001 001 ***150.00

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01122004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000114712 1. Entity Name GTI SYSTEMS, INC.					
Principal Place of Business 10572 CORY LAKE DRIVE TAMPA, FL 33647			Mailing Address 10572 CORY LAKE DRIVE TAMPA, FL 33647		
2. Principal Place of Business 1250 Hobbs RD		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Auburndale, Florida		City & State		4. FEI Number 51-0432962	
Zip 33823		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRITTON, ANDREW J 151 CENTER ROAD VENICE, FL 34292			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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIN, PETER 10572 CORY LAKE DRIVE TAMPA, FL 33647 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/12/04 813-267-2329 Daytime Phone #		