

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90005 022 ***150.00

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1. Entity Name

G.R. PROPERTIES OF HIGH SPRINGS, INC.



Principal Place of Business

215 NE 4TH STREET
HIGH SPRINGS FL 32643

Mailing Address

215 NE 4TH STREET
HIGH SPRINGS FL 32643

2. Principal Place of Business

210 NE 5th Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1326

Suite, Apt. #, etc.

City & State

High Springs, FL

Zip
32643

Country
USA

City & State

High Springs, FL

Zip
32655

Country
USA

4. FEI Number

45-0494663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIPPLE, PENNY
215 NE 4TH STREET
HIGH SPRINGS FL 32643

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

2/7/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CPST ☐ Delete
NAME RIPPLE, PENNY
STREET ADDRESS 215 NE 4TH STREET
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE CP ☐ Delete
NAME GARDNER, CRAIG
STREET ADDRESS 320 NW 4TH STREET
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPST ☒ Change ☐ Addition
NAME Penny Ripple
STREET ADDRESS 210 NE 5th Ave
CITY-ST-ZIP HIGH SPRINGS, FL 32643

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

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

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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

2/7/04 352-222-5009
Date Daytime Phone #