

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123788

FILED  
Jun 09, 2004  
Secretary of State

Entity Name: WELCOME TO GAINESVILLE, INC.

**Current Principal Place of Business:**

1015 W UNIV AVE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15164  
GAINESVILLE, FL 32604

**New Mailing Address:**

FEI Number: 46-0510174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EDELSTEIN, BRYAN  
320 SE 3RD STREET  
GAINESVILLE, FL 32601

**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: EDELSTEIN, BRYAN  
Address: 320 SE 3RD STREET  
City-St-Zip: GAINESVILLE, FL 32601

Title: DVS ( ) Delete  
Name: KRANZ, DAVID  
Address: 920 SW 6 ST APT 312  
City-St-Zip: GAINESVILLE, FL 32601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: BRYAN EDELSTEIN

DPT

06/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date