
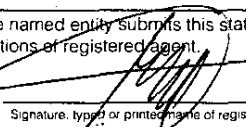
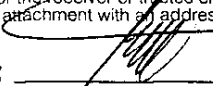


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91049 045 ***158.75

DOCUMENT # P02000134967			
1. Entity Name REINA & WILLIAM GONZALEZ, INC.			
Principal Place of Business 6111 STATE RD. 54 NEW PORT RICHEY FL 34653		Mailing Address POB 1602 OLDSMAR FL 34677	
2. Principal Place of Business 6111 S.R. 54		3. Mailing Address P.O. Box 40	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. ---	
City & State NEW PORT RICHEY, FL		City & State ELFERS, FL	
Zip 34653	Country USA	Zip 34680	Country USA
6. Name and Address of Current Registered Agent CLARK, JAMES L ESQ. 1902 S MACDILL AVE TAMPA FL 33629		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  (NOTE: Registered Agent signature required when reinstating) DATE 4-28-04			
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. <input type="checkbox"/> \$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 GONZALEZ, REINA B PO BOX 1602 OLDSMAR FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, REINA B. 5026 CANNER ST NEW PORT RICHEY, FL 346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GONZALEZ, WILLIAM G PO BOX 1602 OLDSMAR FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GONZALEZ, WILLIAM G. 5026 CANNER ST NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, WILLIAM II POB 22 OLDSMAR FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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:  REINA B. GONZALEZ		Date 4/28/04 727-849-8003 Daytime Phone #	