

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/ FILED
May 19, 2004 8:00 am
Secretary of State

04-29-2004 90331 038 ***150.00

DOCUMENT# P03000007214					
1. Entity Name GGPRODUCTIONS, INC.					
Principal Place of Business 2364 FRUITVILLE ROAD SARASOTA, FL 34237		Mailing Address P.O. BOX 15500 SARASOTA, FL 34277			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 55-0819888				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASWELL, CHRIS 2364 FRUITVILLE ROAD SARASOTA, FL 34237			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 obligation of the registered agent.					
SIGNATURE: <i>Chris Knapp</i> DATE: 4.25.04					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be: \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change	☒ Addition	
<i>President Amy Knapp 8550 Park Shore Ln. Sarasota FL 34238</i>		<i>President Amy Knapp 8550 Park Shore Ln. Sarasota FL 34238</i>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change	☒ Addition	
		<i>Supervisor Joline Rivera 8550 Park Shore Ln. Sarasota FL 34238</i>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change	☐ Addition	
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; that 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: <i>Chris Knapp</i> DATE: 4.25.04 94.929.0071					