

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90033 001 \*\*\*150.00

DOCUMENT # P03000009177

1. Entity Name  
GLOBAL IMPORT SOURCES, INC.



Principal Place of Business Mailing Address  
105 4TH ST 724 RUSTIC OAKS DR. 105 4TH ST  
BELLEAIR BEACH, FL 33786 BELLEAIR BEACH, FL 33786  
PALM HARBOR, FL 34684

2. Principal Place of Business 3. Mailing Address  
724 Rustic Oaks Dr 724 Rustic Oaks Dr  
Suite, Apt. #, etc. Suite, Apt. #, etc.



01072004 Chg-P CR2E034 (10/03)

City & State City & State  
PALM HARBOR, FL PALM HARBOR, FL  
Zip Country Zip Country  
34684 USA 34684 USA

4. FEI Number Applied For  
30-0161009 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DWYER, LAWRENCE A SR  
105 4TH ST 724 RUSTIC OAKS DR.  
BELLEAIR BEACH, FL 33786  
PALM HARBOR, FL 34684

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 LAWRENCE A. DWYER SR 1/12/04  
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

TITLE	D	<input type="checkbox"/> Delete
NAME	DWYER, LAWRENCE A SR	
STREET ADDRESS	105 4TH ST	
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 persons empowered.

SIGNATURE: LAWRENCE A. DWYER SR 1/12/04 727-410-4355  
Signature and typed or printed name of signing officer or director Date Daytime Phone #