

**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.

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

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**



01072004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For  
**30-0161009** Not Applicable

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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