

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90425 033 \*\*\*150.00

DOCUMENT # P03000012180

1. Entity Name  
GKL PROPERTY MANAGEMENT, INC.



Principal Place of Business

555 W. GRANADA BLVD. B-5  
ORMOND BEACH, FL 32174

Mailing Address

555 W. GRANADA BLVD. B-5  
ORMOND BEACH, FL 32174

2. Principal Place of Business

1515 Ridgewood Ave  
Suite, Apt. #, etc. A

3. Mailing Address

1515 Ridgewood Ave  
Suite, Apt. #, etc. A



04292004

Chg-P

CR2E034 (10/03)

City & State

Holly Hill FL

City & State

Holly Hill FL

4. FFL Number

14-1869350

Applied For

Not Applicable

Zip

32177

Country

Volusia

Zip

32177

Country

Volusia

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, BONNIE JEAN  
233 S. RIDGEWOOD AVE.  
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name

JOE LOGUIDICE

Street Address (P.O. Box Number is Not Acceptable)

1515 Ridgewood Ave Sp4

City

Holly Hill

FL

Zip Code

32177

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

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 ☐ Delete  
NAME GARCIA, VINCENT  
STREET ADDRESS 596 TOUCHSTONE CIR  
CITY-ST-ZIP PORT ORANGE, FL 32119

TITLE D ☐ Delete  
NAME KENNEDY, RYAN  
STREET ADDRESS 945 HOLLY CIR.  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE D ☐ Delete  
NAME LOGUIDICE, JOSEPH  
STREET ADDRESS 435 LONG COVE RD.  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-04