

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000012180 1. Entity Name GKL PROPERTY MANAGEMENT, INC.	
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Principal Place of Business 1515 RIDGEWOOD AVE. HOLLY HILL, FL 32117	Mailing Address 1515 RIDGEWOOD AVE. HOLLY HILL, FL 32117
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01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1869350	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOGUIDICE, JOSEPH 1515 RIDGEWOOD AVE. DAYTONA BEACH, FL 32117
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**DO NOT WRITE
IN THIS SPACE**

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

1/20/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000216202
02/05/05-80039-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, VINCENT 596 TOUCHSTONE CIR PORT ORANGE, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, RYAN 945 HOLLY CIR. ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGUIDICE, JOSEPH 435 LONG COVE RD. ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 any other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

1/20/05

Date

Daytime Phone #