

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90009 049 \*\*\*550.00

DOCUMENT # P03000021300

1. Entity Name  
G.E.T. PROTECTION CORP.



Principal Place of Business

821 FIFTH AVE. SOUTH, SUITE 201  
NAPLES, FL 34102

Mailing Address

821 FIFTH AVE. SOUTH, SUITE 201  
NAPLES, FL 34102

2. Principal Place of Business

3437 Beekman Place

Suite, Apt. #, etc.

3. Mailing Address

3437 Beekman Place

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34235

Country

Zip

34235

Country

4. FEI Number

54-2097527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DENTI, KEVIN A  
821 FIFTH AVE. SOUTH, SUITE 201  
NAPLES, FL 34102

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME TROMBLEY, THOMAS P  
STREET ADDRESS 821 FIFTH AVE. SOUTH, SUITE 201  
CITY-ST-ZIP NAPLES, FL 34102

TITLE D ☐ Delete  
NAME GRANT, GERRY O  
STREET ADDRESS 821 FIFTH AVE. SOUTH, SUITE 201  
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Trombley, Thomas P  
STREET ADDRESS P.O. Box 110692  
CITY-ST-ZIP Naples, FL 34108

TITLE ☒ Change ☐ Addition  
NAME Grant, Gerry O  
STREET ADDRESS 3437 Beekman Place  
CITY-ST-ZIP Sarasota, FL 34235

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  
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:

*Thomas P. Trombley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-04

Date

941-360-3186

Daytime Phone #