

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000023384

1. Entity Name
GMS PRODUCTIONS, INC.



05 APR 19 PM 2:27

Principal Place of Business
5100 ULMERTON RD., SUITE 17
CLEARWATER, FL 33760

Mailing Address
5100 ULMERTON RD., SUITE 17
CLEARWATER, FL 33760

2. Principal Place of Business
5174 126th Avenue North
Suite, Apt. #, etc.

3. Mailing Address
5174 126th Avenue North
Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip Country
33760 U.S.A.

Zip Country
33760 U.S.A.

01142004 Chg-P CR2E034 (10/03) 05
4. FEI Number 56-2326336
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SASTAMOINEN, GARY
5100 ULMERTON RD., SUITE 17
CLEARWATER, FL 33760

7. Name and Address of New Registered Agent

Name Sastamoinen, Gary
Street Address (P.O. Box Number is Not Acceptable)
5174 126th Avenue North
City Clearwater FL Zip Code 33760

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, the registered agent.

SIGNATURE DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PVST	<input type="checkbox"/> Delete
NAME	SASTAMOINEN, GARY	
STREET ADDRESS	5100 ULMERTON RD., SUITE 17	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	SASTAMOINEN, GARY	
STREET ADDRESS	5100 ULMERTON RD., SUITE 17	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sastamoinen, Gary	
STREET ADDRESS	5174 126th Ave. North	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sastamoinen, Gary	
STREET ADDRESS	5174 126th Avenue North	
CITY-ST-ZIP	Clearwater, FL 33760	
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		
STREET ADDRESS		
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 like empowered.

SIGNATURE: GARY M. SASTAMOINEN 4/12/05 27573-7785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #