2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000058940

Entity Name: G & V CAPPETS INC

City-St-Zip:

BRANDON, FL 33511

FILED Jan 06, 2004 Secretary of State

Littly Na	ille. Gavor	ARFETS, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
10219 VAN HORN LANE LITHIA, FL 33547			7216B CAUSEWAY BLVD TAMPA, FL 33619		
Current Mailing Address:			New Mailing Address:		
10219 VAN HORN LANE LITHIA, FL 33547			7216B CAUSEWAY BLVD TAMPA, FL 33619		
FEI Number	: 54-2113671	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	GUILLERMO A N HORN LANE . 33547 US				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATU					
		nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (GOMEZ, GUILI 10219 VAN HO LITHIA, FL 33	RN LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (GOMEZ, VILM 10219 VAN HO LITHIA, FL 33	RN LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (GOSSELIN, EI 1141 BLUFIEL BRANDON, FL	D AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (GOSSELIN, JA 1141 BLUFIEL		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: EDMUND P GOSSELIN VΡ 01/06/2004