

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90053 043 ***150.00

DOCUMENT # P03000060741

1. Entity Name

GOSPEL SPOTLIGHT ENT INC.



Principal Place of Business

317 COUNTRY VINEYARD DRIVE
VALRICO FL 33594

Mailing Address

317 COUNTRY VINEYARD DRIVE
VALRICO FL 33594

34042300



MOORE

CR2E034 (11/03)

2. Principal Place of Business

317 Country Vineyard Dr.

3. Mailing Address

317 Country Vineyard Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico FL.

City & State

Valrico FL.

4. FEI Number

32-0077369

Applied For

Not Applicable

Zip

33594

Country

Zip

33594

Country

Hillsborough h

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOWE, ELIZABETH
317 COUNTRY VINEYARD DRIVE
VALRICO FL 33594

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 *Lowe Elizabeth D.*

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

(NOTE: Registered Agent signature required when reinstating)

29 MAR 04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
*Director
Jimmie Lowe
317 Country Vineyard Dr.
Valrico, FL 33594*

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Jimmie Lowe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Mar 04 813
689-6672

Date

Daytime Phone #