FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90275 007 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000062735

1. Entity Name
GKH, INC.

94076794

Principal Place of Business	Mailing Address
2946 SHOAL CREEK VIL DR LAKELAND, FL 33803	2946 SHOAL CREEK VIL DR LAKELAND, FL 33803

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10018 Majestic Ave	10018 Majestic Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Meyers Fla	City & State: Ft Meyers Fla
Zip: 33913 Country: Lee	Zip: 33913 Country: Lee

4. FEI Number: 11 3693182 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VINING, C. GEOFFREY
129 COURTH KENTUCKY AVENUE SUITE 702
LAKELAND, FL 33801

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 $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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President, Secretary NAME: Greg K Huebner STREET ADDRESS: 10018 Majestic Ave CITY-ST-ZIP: Ft Meyers Fla 33913	☒ Delete	TITLE: President Secretary NAME: Gregory K Huebner STREET ADDRESS: 10018 Majestic Ave CITY-ST-ZIP: Ft Meyers Fla 33913	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: V. Pres, Treas NAME: Karen Huebner STREET ADDRESS: 10018 Majestic Ave. CITY-ST-ZIP: Ft Meyers Fla 33913	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME 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: Gregory K Huebner 4/28/04 239-768-2661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR