## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## 04 APR 23 PM 4:13 **DOCUMENT # P03000070352** 1. Entity Name TALLAHASSEE, FLORIDA GPJP, INC. Principal Place of Business Mailing Address 4178 APPALACHEE PKWY 4178 APPALACHEE PKWY TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 30-01855/6 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETRANDIS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 4178 APPALACHEE PKWY TALLAHASSEE, FL 32311 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change Addition TITLE ☐ Delete TITLE 000033993910 04/27/04--01011--011 \*\*150.00 NAME PETRANDIS, GEORGE NAME 4178 APPALACHEE PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 CRY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED ON PRINTED NAME OF SIGNEND OFFICER OR DIRECTOR

FILED