

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90014 024 \*\*\*150.00

**DOCUMENT # P03000081674**

1. Entity Name  
**GIL ARROYO, INC.**



Principal Place of Business  
~~6183 SE WINDSON LN~~  
~~STUART, FL 34997~~

Mailing Address  
~~6183 SE WINDSON LN~~  
~~STUART, FL 34997~~

**34000977**

2. Principal Place of Business  
**5664 SE POT O GOLD PL**  
Suite, Apt. #, etc.

3. Mailing Address  
**5664 SE POT O GOLD PL**  
Suite, Apt. #, etc.



01112004 Chg-P CR2E034 (10/03)

City & State  
**STUART, FL**

City & State  
**STUART, FL**

4. FEI Number  
**20-0129073**

Applied For  
Not Applicable

Zip  
**34997**

Country

Zip  
**34997**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ARROYO GIL~~  
~~6183 SE WINDSON LN~~  
~~STUART, FL 34997~~

Name  
**GIL ARROYO**

Street Address (P.O. Box Number is Not Acceptable)

**5664 SE POT O GOLD PLACE**  
City **STUART** FL Zip Code **34997**

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

TITLE  
NAME **D** ☐ Delete  
STREET ADDRESS **ARROYO, GIL**  
CITY-ST-ZIP **6183 SE WINDSON LN**  
**STUART, FL 34997**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **DIP** ☐ Change ☐ Addition  
STREET ADDRESS **ARROYO, GIL**  
CITY-ST-ZIP **5664 SE POT O GOLD PLACE**  
**STUART, FL 34997**

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

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GIL ARROYO**  
**President**

Date

Daytime Phone #

**(772) 263-0536**