## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

ANNOALICION								Sceretary or State				
DOCUMENT # P03000106318							٠ ا		05-03-2004	_		
1. Entity Name							25					
GONCALVES CORPORATION						T. A.	i i					
						25000	14. V.					
Principal Place of Business Mailing Address												
9810 BERNWOOD PLACE 9810 BERNWOOD					Έ		;					
APT. #208 APT. #208 FT. MYERS, FL 33912 FT. MYERS, FL 33912												
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04222004	Chg-P	CR2E03	34 (10/03)	
City & State			City & State					4. FEI Numb	er			plied For
Zip Country			Zip Ci			ntry - 2 are			COCOCI	10	\$8.75 Add	t Applicable
		<b>,</b>		·				5. Certificate	of Status Desired		Fee Require	
	6. Name	and Address of Current	Regist	ered Agent				7. Name and	Address of New P	legistered A	gent	
MATLAND, RUDOLPH K 12995 S. CLEVELAND AVENUE						Name						
						Street Addr	ress (l	P.O. Box Numb	er is Not Acceptable	2)		
SUITE 107								/				
FT. MYERS, FL 33907												
						City	,			FL	Zip Gode	₃
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.												and accept
SIGNATURE Signature, typed or printed name of registered agent and We if applicable. (NOTE Registered Agent							required	when reinstating)		DATE		
FILE NOWILL FEE IS \$450.00 9. Election Campaign Financing \$5.								00				, ,
FILE NOW!!! FEE IS \$150.00 9. Election Campaign After May 1, 2004 Fee will be \$550.00 Trust Fund Contribu							Add	.00 May Be ed to Fees				
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10.	OFFICERS AND DIRECTORS PD					E I	••••	ADDITIONS	/CHANGES TO OFF	ICERS AND	□ Change	Addition
TITLE NAME	PD Delste GONCALVES, ANTONIO R					VE I					[_] Change	[ Add:Bdil
STREET ADDRESS						EDET ADDRESS						1
C(TY-ST-Z)P	FT. MYERS, FL 33912					r-ST-ZIP						
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NAME	CAMARA, LINDONEIDE C				NAN PID							Í
STREET ADDRESS CITY-ST-ZIP	9810 BERNWOOD PLACE FT. MYERS, FL 33912				8	EET AODRESS (- ST-ZIP						
TITLE		(0,112 00012		CD Dejete	मा।						[ ] Change	Addition
NAME				LD Delete	NAN	1						, , , , , , , , , , , , , , , , , , , ,
STREET ADDRESS:					8	EET ADDRESS				_		. ****
CITY-ST-ZIF					CETY	(-ST-ZIP				·		
TITLE				Delete	TITE	:					Change	Addition
NAME STREET ADDRESS					NAN STR	AE EET ADDRESS						
City-St-Zip					8	(-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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY+S1-ZIP

Offy-ST-ZIP

SIGNATURE

TITLE

NAME: STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP

CDY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

Date

Daytime Prions #

Change

☐ Change

Addition

☐ Addition