

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-02-2004 90066 008 \*\*\*150.00

24033494



<b>DOCUMENT # P03000115625</b> 1. Entity Name <b>GILBERT L. BEENEY, INC.</b>																													
Principal Place of Business <del>837 CHICAGO AVENUE</del> <b>827 Chicago Ave</b> OCOEE, FL 34761				Mailing Address <del>837 CHICAGO AVENUE</del> <b>827 Chicago Ave.</b> OCOEE, FL 34761																									
2. Principal Place of Business <b>827 Chicago Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>827 Chicago Ave</b> Suite, Apt. #, etc.		03232004    Chg-P    CR2E034 (10/03)																									
City & State <b>OCOEE, FL</b>		City & State <b>OCOEE, FL</b>		4. FEI Number <b>20-0314407</b>																									
Zip <b>34761</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>BEENEY, GILBERT L</b> <b>837 CHICAGO AVENUE</b> <b>OCOEE, FL 34761</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code       </div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BEENEY, GILBERT L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>837 CHICAGO AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCOEE, FL 34761</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	BEENEY, GILBERT L		STREET ADDRESS	837 CHICAGO AVENUE		CITY-ST-ZIP	OCOEE, FL 34761		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																													
<b>SIGNATURE:</b> <u>Gilbert L. Beene</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
<small>Date _____ Daytime Phone # _____</small>																													