## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000122347

Entity Name: GHENT.. INC.

FILED Apr 06, 2005 Secretary of State

	,		
Current Principal Place of Business:		New Principal Place of Business:	
5466 HOFFNER AV ORLANDO, FL 328			
Current Mailing Address:		New Mailing Address:	
5466 HOFFNER AV ORLANDO, FL 328			
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
HUYS, GERALD 5466 HOFFNER AV ORLANDO, FL 328			
The above named on the State of Florid	entity submits this statement for the p da.	ourpose of changing its registered	d office or registered agent, or both,
SIGNATURE:			
Electronic Signature of Registered Ag		ent	Date
Election Campaign Fir	nancing Trust Fund Contribution ( ).		

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition Title: ( ) Delete Title: HUYS, GERALD HUYS, GERALD A Name: Name: 5466 HOFFNER AVENUE 5466 HOFFNER AVENUE Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812

Title: VSTD ( ) Delete Title: VSTD (X) Change ( ) Addition

 Name:
 NOELL, CHRIS
 Name:
 NOELL, CHRISTINE S

 Address:
 5466 HOFFNER AVENUE
 Address:
 4834 DARWOOD DRIVE

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:
 ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD A. HUYS PD 04/06/2005