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

SIGNATURE:

## Jul 30, 2004 8:00 am **Secretary of State DOCUMENT # P03000131074** 1. Entity Name 07-30-2004 90001 045 \*\*\*158.75 GPS RELOCATION RESOURCES, INC. Principal Place of Business Mailing Address 2504 SUNSET WAY 2504 SUNSET WAY 44050556 PASS-A-GRILL, FL 33706 PASS-A-GRILL, FL 33706 2. Principal Place of Business 3. Mailing Address 840 BEACH SAM Suite, Apt. #, etc Suite, Apt. #, etc CR2E034 (10/03) 07222004 Cho-P 4. FEI)Number 57- 1194106 City & State Applied For City & State Not Approache Country Zip S8.75 Additional 5. Certificate of Status Desired; Fee Required 7. Name and Address of New Registered Agent 6.- Name and Address of Current Registered Agent -: ... JACKSON-GARNETT, BEVERLY Street Address (P.O. Box Number is Not Acceptable) 2504 SUNSET WAY PASS-A-GRILL, FL 33706 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 egistered agent. SIGNATURE. Signature, typed or printed na ne of registered agen (NOTE: Registered Agent signature required 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MLE TITLE REDIDE (5) ☐ Delete Addition Change NAME GARDEL NAME EUT RLY 13E . 40 BEACHDEIUE STREET ADDRESS STREET ADDRESS 3370 CATY-ST-ZIP CITY-ST-ZIP ETERSBURG -TO TITLE ☐ Defete STADLEY I LARDET Change Addition TITLE VICE PRESIDERS NAME NAME STREET ADDRESS STREET ADDRESS 33701 CITY-ST-ZIP CITY-ST-7/P ST. PETERS BURLY, FL VICE PRESIDENT Addition TITLE Detete TITLE ☐ Change NAME NAME ALPRED JACKSON 840 BEACH-DRIDE STREET ADDRESS STREET ADDRESS CRY-ST-7P 33701 CITY-ST-7IP 5. GETERSBURG. TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition 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-7IP 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(31); Forda 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 many appears in Block 10 or Block 11 if

SIGNING OFFICER OR DIRECTOR

Date

FILED