

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134433

FILED  
Jul 27, 2004  
Secretary of State

Entity Name: GARY ALTMAN ENTERPRISES, INC.

**Current Principal Place of Business:**

488 W HIGHBANKS RD  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

488 W HIGHBANKS RD  
DEBARY, FL 32713

**New Mailing Address:**

FEI Number: 20-0523445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALTMAN, GARY D SR  
488 W HIGHBANKS RD  
DEBARY, FL 32713

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ALTMAN, GARY D SR  
Address: 488 W HIGHBANKS RD  
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete  
Name: ALTMAN, BARBARA ANN D  
Address: 488 W HIGHBANKS RD  
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete  
Name: TEAGUE, TERESA  
Address: 3325 LISA DR  
City-St-Zip: MIMS, FL 32754

Title: D ( ) Delete  
Name: ALTMAN, GARY W  
Address: 4440 OSCELLA RD  
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARY D. ALTMAN SR.

D

07/27/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date