



2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/8/

FILED
Sep 23, 2004 8:00 am
Secretary of State

09-08-2004 90124 045 ***550.00

DOCUMENT # P03000146438 1. Entity Name DAVID GANCERES, INC.					
Principal Place of Business 8621 S.W. 45TH STREET ROAD OCALA, FL 34481			Mailing Address 8621 S.W. 45TH STREET ROAD OCALA, FL 34481		
2. Principal Place of Business 8621 SW 45th RD Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.		 710958059 06182004 Chg-P CR2E034 (10/03)	
City & State OCALA FL Zip 34481		City & State OCALA FL Zip 34481		4. FEI Number 710958059 Applied For <input type="checkbox"/> Not Applicable	
Country MARION		Country MARION		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GANCERES, DAVID 8621 S.W. 45TH STREET ROAD OCALA, FL 34481				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL 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 file if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANCERES, DAVID <input type="checkbox"/> Delete 8621 S.W. 45TH STREET ROAD Ocala, FL 34481			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: DAVID GANCERES D. G. 8-31-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

352-816-4444