2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 26, 2004 8:00 am Secretary of State DOCUMENT # P04000006366~ 02-26-2004 90003 014 \*\*\*150.00 G.T. SALES & MARKETING, INC. Principal Place of Business Mailing Address 1211 HUNTINGTON LANE SAFETY HARBOR FL 34695 **JAULIUBS** 1211 HUNTINGTON LANE SAFETY HARBOR FL 34695 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number 32 - 01 02 6 0 5 Applied For City & State City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUBER, DAN Street Address (P.O. Box Number is Not Acceptable) 1211 HUNTINGTON LANE SAFETY HARBOR FL 34695 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 registered agent. 2-18-04 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, woed or printed name of restered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE TITLE ☐ Delete ☐ Addition NAME HUBER, DAN NAME STREET ADDRESS 1211 HUNTINGTON LANE STREET ADDRESS SAFETY HARBOR FL 34695 CITY-ST-7IP CITY-ST-ZIP TITLE DST ☐ Delete TITLE ☐ Change ☐ Addition NAME GUNTER, JEFFREY NAME STREET ADDRESS 1211 HUNTINGTON LANE STREET ADDRESS SAFETY HARBOR FL 34695 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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(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.

FILED

2-18-04

Daytime Phone #