

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90158 003 \*\*\*150.00

**DOCUMENT # P04000023246**

1. Entity Name  
**G&T ENTERPRISE GROUP, INC.**



Principal Place of Business  
**P.O. BOX 740255  
BOYNTON BEACH, FL 33474-0255**

Mailing Address  
**P.O. BOX 740255  
BOYNTON BEACH, FL 33474-0255**

**14002998**



2. Principal Place of Business  
**P.O. Box 7239**

3. Mailing Address  
**P.O. Box 7239**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262005 Chg-P CR2E034 (10/03)

City & State  
**DELRAY BEACH, FL**

City & State  
**DELRAY BEACH, FL**

4. FEI Number  
**90-0147820**

Applied For  
Not Applicable

Zip  
**33482**

Country  
**US**

Zip  
**33482**

Country  
**US**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BENNIS, KEVIN J  
4027 SW 140TH AVENUE  
DAVIE, FL 33330**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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  
**P  
BENNIS, KEVIN J  
P.O. BOX 740255  
BOYNTON BEACH, FL 33474** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P.O. Box 7239  
DELRAY BEACH, FL 33482** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
GONZALEZ, JORGE L  
P.O. BOX 740255  
BOYNTON BEACH, FL 33474** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P.O. Box 7239  
DELRAY BEACH, FL 33482** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JORGE L. GONZALEZ**

Date

Daytime Phone #

**4/26/05 (800) 961-4459**