## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P04000023246  1. Entity Name G&T ENTERPRISE GROUP, INC.						04-28-2005 9	90158 00	)3 ***150	0.00
Principal Place of Business P.O. BOX 740255 BOYNTON BEACH, FL 33474-0255 BOYNTON BEACH, FL 33474-0255 BOYNTON BEACH, FL 33474-0255			474-0255				4002	998	
2. Principal P P. 0 . f. Suite, Apt.	lace of Business 50x 7239 #, etc.	3. Mailing Address P.O. 130 X 7 Suite, Apt. #, etc.	1239		04262005	Chg-P	CR2E03	84 (10/03)	
City & State	av Beach FL	City & State DEL RAY Be	ALH IEL		4, FEI Number	u(.7.Q.70	<u> </u>	Ap	polied For
DELP 2349	2 Country S	3 <sup>23</sup> 482	Country		5. Certificate of	Status Desired		8.75 Add	
2710	6. Name and Address of Current F	Registered Agent	<del>- 1 -</del>		7. Name and A	ddress of New Re			
			Name				*	<b>J</b>	
BENNIS, KEVIN J 4027 SW 140TH AVENUE DAVIE, FL 33330				Street Address (P.O. Box Number is Not Acceptable)					
DAVIE, FL	. 33330								
			City				FL	Zip Code	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	registered	d agent, or both,	in the State of Flor	rida. Lam fi	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Agent signatur	re required w	hen reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib			<b>0</b> May Be		·		
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10.	OFFICERS AND I	,	11.	Added		HANGES TO OFFI	_		S IN 11
TITLE	OFFICERS AND I	,	11.	Added		HANGES TO OFFI	_	DIRECTORS Change	S IN 11
TITLE NAME	OFFICERS AND I P BENNIS, KEVIN J	DIRECTORS	11. TITLE NAME		ADDITIONS/C		_		
TITLE	P BENNIS, KEVIN J P.O. BOX 740255	DIRECTORS	11.	7.0.	ADDITIONS/C	39			
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I nervoy certify that the information supplied with this filling 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 tropped 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 of 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:** 

TORGE L. GONZALE
TYPED OR PROTECTOR