

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90047 041 ***150.00

DOCUMENT # P04000051613					
1. Entity Name GINIAN, INC.					
Principal Place of Business 2600 OVERSEAS HIGHWAY MARATHON, FL 33050			Mailing Address P.O. BOX 421125 SUMMERLAND KEY, FL 33042		
2. Principal Place of Business 937 107 th Street			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Marathon FL			City & State		
Zip 33050		Country USA		4. FEI Number 20-0980244	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEKALB, GINGER 2600 OVERSEAS HIGHWAY MARATHON, FL 33050				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 937 107 th Street City Marathon FL Zip Code 33050	
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE P, T	<input type="checkbox"/> Delete				
NAME DEKALB, GINGER	<input type="checkbox"/> Delete				
STREET ADDRESS 2600 OVERSEAS HIGHWAY	<input type="checkbox"/> Delete				
CITY-ST-ZIP MARATHON, FL 33050	<input type="checkbox"/> Delete				
TITLE VP, S	<input type="checkbox"/> Delete				
NAME BOTSFORD, BRIAN	<input type="checkbox"/> Delete				
STREET ADDRESS 2600 OVERSEAS HIGHWAY	<input type="checkbox"/> Delete				
CITY-ST-ZIP MARATHON, FL 33050	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 937 107 th Street	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP Marathon, FL 33050	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 937 107 th Street	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP Marathon, FL 33050	<input checked="" 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: <u>Ginger DeKalb</u> 1-11-05 (305) 743-9644					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					