

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90208 030 ***150.00

DOCUMENT # P04000154275 1. Entity Name GEM INDUSTRIES, INC.			
Principal Place of Business GEM INDUSTRIES, INC. 520 W. GATEWAY COURT MERRITT ISLAND, FL 32952 US		Mailing Address GEM INDUSTRIES, INC. 520 W. GATEWAY COURT MERRITT ISLAND, FL 32952 US	
2. Principal Place of Business - GEM Industries, Inc. Suite, Apt. #, etc. 600 Cox Rd. Ste A City & State Cocoa FL Zip 32926 Country Brevard		3. Mailing Address 600 Cox Rd. Ste A. Suite, Apt. #, etc. Cocoa FL City & State Cocoa FL Zip 32926 Country Brevard	
6. Name and Address of Current Registered Agent GARRET, MINER 520 W. GATEWAY COURT MERRITT ISLAND, FL 32952		7. Name and Address of New Registered Agent Name Ann-Jeanette Miner Street Address (P.O. Box Number is Not Acceptable) 600 Cox Rd. Ste A. City Cocoa FL Zip Code 32926	
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 Ann-Jeanette Miner <i>[Signature]</i> 2/23/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME MINER, GARRET STREET ADDRESS 520 W. GATEWAY COURT CITY - ST - ZIP MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete	TITLE Owner NAME Ann-Jeanette Miner STREET ADDRESS 600 Cox Rd. Ste A. CITY - ST - ZIP Cocoa FL 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME MINER, ANN STREET ADDRESS 520 W. GATEWAY COURT CITY - ST - ZIP MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Garret S. Miner STREET ADDRESS 600 Cox Rd. Ste A. CITY - ST - ZIP Cocoa FL 32926	<input checked="" 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: <i>[Signature]</i> 2/23/05 321-631-3977 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			