


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P92000014361 1. Entity Name G. MUSTAPICK COMPANIES INC. |  |
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| Principal Place of Business 14041 U.S. HIGHWAY ONE SUITE A JUNO BEACH, FL 33408 US | Mailing Address 14041 U.S. HIGHWAY ONE SUITE A JUNO BEACH, FL 33408 US |
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0377862 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MUSTAPICK, GERALD 14041 U.S. HIGHWAY ONE JUNO BEACH, FL 33408 | DO NOT WRITE IN THIS SPACE |
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8. The above named entity submits this statement for the purpose of its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000077278 03/05/04 88036 813 158.75 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MUSTAPICK, GERALD 14041 US HWY ONE JUNO BEACH, FL 33408 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GILES, DREW 14041 US HWY ONE JUNO BEACH, FL 33408 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MUSTAPICK, SCOTT T 14041 US HWY ONE JUNO BEACH, FL 33408 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Drew Giles Vice-President 3/2/04 (90)626-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #