2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or changed, or on an

GLENINER RECORNING OFFICER OR DRECTOR

2267 Windsor Road

SIGNATURE:

Apr 14, 2004 8:00 am Secretary of State DOCUMENT # P93000021516 1. Entity Name 04-14-2004 90080 038 ***150.00 GTM SALES, INC. Principal Place of Business Mailing Address 24042724 2267 WINDSOR RD 2267 WINDSOR ROAD PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0393724 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name · . . - _-REDDINGTON, GLENN R Street Address (P.O. Box Number is Not Acceptable) 2267 WINDSOR ROAD PALM BEACH GARDENS FL 33324 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete ☐ Addition TITLE ☐ Change NAME REDDINGTON, GLENN R NAME STREET ADDRESS 2267 WINDSOR ROAD STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME BEVERLY M REDDINGTON NAME 2267 WINDSOR ROAD STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP official filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information t 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the indicated on this report mation supplied y supplemental report is true and

FILED