

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90018 028 \*\*\*150.00

**44020473**



03102004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0429470** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DOCUMENT # P93000025436**

1. Entity Name  
**G.C. JEMM, INC.**



Principal Place of Business  
**500 E. BROWARD BLVD., SUITE 1950  
FORT LAUDERDALE, FL 33394**

Mailing Address  
**500 E. BROWARD BLVD., SUITE 1950  
FORT LAUDERDALE, FL 33394**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**BOYLE, CONRAD J  
500 E. BROWARD BLVD.  
SUITE 1950  
FORT LAUDERDALE, FL 33394**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PERLIN, DAVID 500 E. BROWARD BLVD., #1950 FT LAUDERDALE, FL 33394</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST PERLIN, DAVID 500 E. BROWARD BLVD., #1950 FT LAUDERDALE, FL 33394</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** DAVID PERLIN **MAR 18, 2004** **239-732 6250**

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