

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90034 022 ***150.00

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|---|--|--|---|---|--|
| DOCUMENT # P94000056833 1. Entity Name GORILLA MANAGEMENT GROUP, INC. | | | | | |
| Principal Place of Business 2140 SW GATLIN BLVD PT ST LUCIE, FL 34953 US | | | Mailing Address 2140 SW GATLIN BLVD PT ST LUCIE, FL 34953 US | | |
| 2. Principal Place of Business 6070 SO US I Suite, Apt. #, etc. | | 3. Mailing Address 6070 SO US I Suite, Apt. #, etc. | | | |
| City & State FORT PIERCE FL Zip 34982 Country US | | City & State FORT PIERCE FL Zip 34982 Country US | | 4. FEI Number 65-0524776 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent JAMES A. BOND P.A. 1251 S.W. 27TH STREET PALM CITY, FL 34990 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</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 NAME STREET ADDRESS CITY-ST-ZIP | P SMITH, WILLIAM 2140 SW GATLIN BLVD PT ST LUCIE, FL 34953 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6070 SO US I FORT PIERCE, FL 34982 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ASH, JERRY 2140 SW GATLIN BLVD PT ST LUCIE, FL 34953 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6070 SO US I FORT PIERCE, FL 34982 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SMITH, BRENDA L 2140 SW GATLIN BLVD PT ST LUCIE, FL 34953 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6070 SO US I FORT PIERCE, FL 34982 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ASH, BONNIE M 2140 SW GATLIN BLVD PT ST LUCIE, FL 34953 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6070 SO US I FORT PIERCE, FL 34982 | |
| 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 | |
| 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>Brenda Smith</i> BRENDA SMITH <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 3/28/05 <small>Date</small> | | |
| 423 - 337-9024 <small>Daytime Phone #</small> | | | | | |