

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 21, 2004 8:00 am
Secretary of State

04-05-2004 90030 030 ***150.00

DOCUMENT # P96000094705

1. Entity Name
GAT BAR, INC.



Principal Place of Business
**2266 WILTON DR
WILTON MANORS, FL 33305 US**

Mailing Address
**2266 WILTON DR
WILTON MANORS, FL 33305 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0713303

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORMAN, TERRY L
2625 NE 1ST AVE.
FORT LAUDERDALE, FL 33334**

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

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
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 ☐ Delete
NAME **PD**
STREET ADDRESS **NORMAN, TERRY L**
CITY-ST-ZIP **1581 NE 34 COURT #213
OAKLAND PARK, FL 33334**

TITLE ☒ Change ☐ Addition
NAME **2625 NE 1st Avenue**
STREET ADDRESS **Wilton Manors, FL 33334**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **KESSINGER, GEORGE L**
CITY-ST-ZIP **1513 NE 21 STREET
WILTON MANORS, FL 33305**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **GOFRANK, RONALD F**
CITY-ST-ZIP **525 POINCIANA DRIVE
FORT LAUDERDALE, FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-04

Date

954 568-3885

Daytime Phone #