## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000038836

Entity Name: GRT AD SERVICES INC.

FILED Jan 06, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1383 NORTH KILLIAN DRIVE 1194 OLD DIXIE HIGHWAY LAKE PARK, FL 33403

SUITE 15 LAKE PARK, FL 33403

**Current Mailing Address: New Mailing Address:** 

1383 NORTH KILLIAN DRIVE 1194 OLD DIXIE HIGHWAY LAKE PARK, FL 33403 SUITE 15

LAKE PARK, FL 33403

FEI Number: 65-0749516 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHEIRS, VIRGINIA SHEIRS, VIRGINIA 1383 NORTH KILLIAN DRIVE 1194 OLD DIXIE HIGHWAY LAKE PARK, FL 33403 SUITE 15

LAKE PARK, FL 33403 US

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.

SIGNATURE: 01/06/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

SHEIRS, VIRGINIA SHEIRS, VIRGINIA Name: Name:

1383 NORTH KILLIAN DRIVE 1194 OLD DIXIE HIGHWAY, SUITE 15 Address: Address:

City-St-Zip: LAKE PARK, FL 33403 City-St-Zip: LAKE PARK, FL 33403

VD Title: VD Title: () Delete (X) Change ( ) Addition

SILIO, ROB SILIO, ROB Name: Name:

1383 NORTH KILLIAN DRIVE 1194 OLD DIXIE HIGHWAY, SUITE 15 Address: Address:

LAKE PARK, FL 33403 City-St-Zip: City-St-Zip: LAKE PARK, FL 33403

Title: Title: (X) Change ( ) Addition STD () Delete STD NEILSEN, TIMOTHY J NEILSEN, TIMOTHY J Name: Name:

1383 NORTH KILLIAN DRIVE 1194 OLD DIXIE HIGHWAY, SUITE 15 Address: Address:

City-St-Zip: LAKE PARK, FL 33403 City-St-Zip: LAKE PARK, FL 33403

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA SHEIRS PD 01/06/2004