

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000039973

1. Entity Name
THE GORMAS GROUP, INC.



**FILED
Apr 08, 2005 8:00 am
Secretary of State**

04-08-2005 90064 013 ***150.00

Principal Place of Business
1001 LILA AE.
MILFORD SHOPPING CENTER
MILFORD OH 45140

Mailing Address
PO BOX 77
MORROW, OH 45152

2. Principal Place of Business
1628 N. FEDERAL Hwy
Suite, Apt. #, etc.
SUITE 206

3. Mailing Address
PO-BOX 1827

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

City & State
NEWPORT RICHEY, FL

Zip 33308
Country

Zip 34653
Country

6. Name and Address of Current Registered Agent

GORMAS, HARRY M
1628 N. FEDERAL HWY
FORT LAUDERDALE, FL 33308

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

3/28/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 PSTD
NAME GORMAS, HARRY M
STREET ADDRESS 1625 N.FEDERAL HWY -SUITE 206
CITY-ST-ZIP FT LAUDERDALE, FL 33308

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change 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: *Harry M. Gormas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05 513-225-1695
Date Daytime Phone #