

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 30, 2004 08:00 AM  
Secretary of State

DOCUMENT # P97000090132

1. Entity Name  
G & S CONCEPTS, INC.



Principal Place of Business  
1370 MYAKKA RD  
SARASOTA, FL 34240 US

Mailing Address  
1370 MYAKKA RD  
SARASOTA, FL 34240 US



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0799890

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ESBER, ALEX S  
1370 MYAKKA RD  
SARASOTA, FL 34240

DO NOT WRITE  
IN THIS SPACE

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPT  
ESBER, ALEX S  
1370 MYAKKA RD  
SARASOTA, FL 34240

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
MALLETTE, JR, GEORGE A  
2823 N LEMON AVE.  
SARASOTA, FL 34234

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

110000145868  
05/03/04-80043-001 150.00

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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:

Alex S. Esber  
Pres. & Director

4/28/04 (941) 379-8831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #