

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-21-2004 90089 043 ***150.00

DOCUMENT # P97000103631					
1. Entity Name GLOBAL FINANCIAL ADVISORY, INC.					
Principal Place of Business 101 CHARDIN DR NOKOMIS, FL 34275			Mailing Address 101 CHARDIN DR NOKOMIS, FL 34275		
2. Principal Place of Business 2080 Ringling Blvd. Suite, Apt. #, etc.		3. Mailing Address 2080 Ringling Blvd. Suite, Apt. #, etc.			
City & State Sarasota, FL Zip 34237 Country USA		City & State Sarasota, FL Zip 34237 Country USA		4. FEI Number 65-0805924	
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 GEOFFREY A FRAZIER 101 CHARDIN DR NOKOMIS, FL 34275			7. Name and Address of New Registered Agent Name: Geoffrey A. Frazier Street Address (P.O. Box Number is Not Acceptable): 2080 Ringling Blvd. City: Sarasota, FL Zip Code: 34237		
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: (NOTE: Registered Agent signature required when reinstating) DATE: 4/19/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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: C NAME: GEOFFREY A FRAZIER STREET ADDRESS: 101 CHARDIN DR CITY-ST-ZIP: NOKOMIS, FL 34275	<input type="checkbox"/> Delete		TITLE: DC NAME: Geoffrey A. Frazier STREET ADDRESS: 2080 Ringling Blvd. CITY-ST-ZIP: Sarasota, FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: PC NAME: RICK ST GEORGE STREET ADDRESS: 101 CHARDIN DR CITY-ST-ZIP: NOKOMIS, FL 34275	<input type="checkbox"/> Delete		TITLE: DP NAME: Rick St. George STREET ADDRESS: 2080 Ringling Blvd. CITY-ST-ZIP: Sarasota, FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: CEO NAME: Michael J. Dixon STREET ADDRESS: 2080 Ringling Blvd. CITY-ST-ZIP: SARASOTA, FL 34237	<input type="checkbox"/> Change <input checked="" 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	
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:			DATE: 4/19/04 DAYTIME PHONE: 941-918-8266		