

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

|                                         |                                                                                   |
|-----------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P97000104921                 |  |
| 1. Entity Name<br>GERRITY FLORIDA, INC. |                                                                                   |

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br>THREE CENTER PLAZA<br>SUITE 410<br>BOSTON, MA 02108 | Mailing Address<br>THREE CENTER PLAZA<br>SUITE 410<br>BOSTON, MA 02108 |
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|                                                                                    |                                |
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|  |                                |
| 01092004                                                                           | No Chg-P CR2E034 (10/03)       |
| 4. FEI Number<br>58-2366394                                                        | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>                          | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WHITMIRE, DRENNEN L JR  
249 ROYAL PALM WAY  
SUITE 501  
PALM BEACH, FL 33480

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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 \_\_\_\_\_

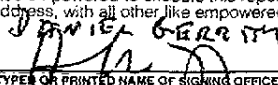
|                                                                       |                                                                                                                 |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                        |
|----------------------------------------------------|------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>GERRITY, ROBERT T<br>90 GOULD ROAD<br>CHATHAM CENTER, NY 12184    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DVS<br>GERRITY, DANIEL W<br>54 FAIRMOUNT AVENUE<br>BROOKLINE, MA 02146 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>CHASE, SUSAN G<br>156 BRYAN ROAD<br>STOWE, VT 05672               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>HOLLAND, CYNTHIA G<br>2 BITTERSWEET TRAIL<br>ROWAYTON, CT 06853   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>ACHILLES, NANCY G<br>40 OLD BROWNTOWN LANE<br>FLINTHILL, VA 22627 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |

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04/27/04-80050-009 150.00

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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:  4/21/04

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR