

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90005 039 \*\*\*150.00

<b>DOCUMENT # P98000016454</b>	
1. Entity Name <b>THE GANT GROUP, INC.</b>	

Principal Place of Business <b>6601 ROSE STREET GROVELAND, FL 34736</b>	Mailing Address <b>6601 ROSE STREET GROVELAND, FL 34736</b>
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**54056062**



2. Principal Place of Business <b>176 E. Highland Avenue</b>	3. Mailing Address <b>176 E. Highland Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05132004 Chg-P CR2E034 (10/03)

City & State <b>Clermont, FL</b>	City & State <b>Clermont, FL</b>
Zip <b>34711</b>	Country

4. FEI Number <b>59-3493654</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>GANT, JAMES E 6601 ROSE STREET GROVELAND, FL 34736</b>	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV GANT, JAMES E 6601 ROSE STREET GROVELAND, FL 34736 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS GANT, SUSAN M 6601 ROSE STREET GROVELAND, FL 34736 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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.

<b>SIGNATURE:</b> 	DATE _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone # _____</small>



240 Mohawk Road  
Clermont, Florida 34711  
352-394-4048  
Fax 352-394-3272

*Attachment* 54056062  
#P98000016454  
Assured Accounting Concepts, Inc.

119 W. Lemon Street  
Lady Lake, Florida 32159  
352-753-1337  
Fax 352-753-9336

May 27, 2004

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: The Gant Group, Inc.  
59-3493654

Dear Sir or Madam:

Enclosed please find check #2527 in the amount of \$150.00. The above referenced corporation did not receive the postcard regarding the 2004 Uniform Business Report. The corporation had moved and the postcard was not forwarded to the new address.

We understand that it is our responsibility to provide a change of address to the state so that this problem does not occur. We are respectfully requesting that the penalties be waived this time. We made a human error and the penalties would create a financial hardship.

Please consider this one-time request. Thank you for your consideration in this matter.

Very truly yours

Peggy L. Abraham

PLA/mm  
Enc.