## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 15, 2005 08:00 AM Secretary of State DOCUMENT # P98000075710 1. Entity Name G & R RADIO COMMUNICATIONS, INC. Principal Place of Business Mailing Address 18628 BELVEDERE ROAD ORLANDO FL 32820 18628 BELVEDERE ROAD ORLANDO FL 32820 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3531354 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PICKARSKI, GREGORY E Street Address (P.O. Box Number is Not Acceptable) 18628 BELVEDERE ROAD ORLANDO FL 32820 City 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, typud or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THLE ☐ Delete TITLE Change ☐ Addition NAME HALL, PAULA J NAME STREET ADDRESS 3198 SUNBEAM CT. STREET ADDRESS U00000230374 KISSIMMEE FL 34744 CITY-ST-ZIP CITY-ST-ZIP 02/15/05-80039 HILE Delete Change ☐ Addition PICKARSKI, GREG MAME NAME 18628 BELVEDERE RD SIREET ADDRESS STHEFT ADDRESS CITY-ST-ZIP ORLANDO FL 32820 CITY-ST ZIP MLE ☐ Delete HILL Change ☐ Addition NAME HALL, RICHARD STREET ADDRESS STREET AUDRESS 3198 SUNBEAM CT CITY-SI-ZIP KISSIMMEE FL 34744 CITY-ST-ZIP BILL ☐ Defete THEF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete 11116 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP HILL Delete MLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

**FILED**