2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 26, 2004 8:00 am **Secretary of State DOCUMENT # P98000102884** 1. Entity Name 03-26-2004 90040 001 ***150.00 GYPSY MEADOWS, INC. Principal Place of Business 24185 HAYMAN ROAD 24185 HAYMAN ROAD 94037396 **BROOKSVILLE FL 34602 BROOKSVILLE FL 34602** 2. Principal Place of Business 3. Mailing Address Havman Kook 24091 Suite, Apt. #, etc CR2E034 (11/03) MOORE Applied For City & State City & State 4. FEI Number 59-3543693 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FALZONE-LONG, FEROL P.O. Box Number is Not Acceptable) 24185 HAYMAN ROAD <u>davman</u> **BROOKSVILLE FL 34602** the propose propagation of the propose of the propo 8. The above named entity submits this state the obligations of registered agent SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE 🖎 Change ☐ Delete ☐ Addition NAME FALZONE-LONG, FEROL NAME 24091 Hayman Road STREET ADDRESS STREET ADDRESS 24185 HAYMAN ROAD **BROOKSVILLE FL 34602** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE 🕩 Change ☐ Addition TITLE LONG, MICHAEL NAME NAME 24091 Hayman Road STREET ADDRESS 24185 HAYMAN ROAD STREET ADDRESS **BROOKSVILLE FL 34601** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

FILED