

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90059 003 \*\*\*150.00

**DOCUMENT # P98000104912**

1. Entity Name  
**GMRI CAPITAL CORPORATION**



Principal Place of Business  
**5900 LAKE ELLENOR DRIVE  
ORLANDO, FL 32809**

Mailing Address  
**5900 LAKE ELLENOR DRIVE  
ORLANDO, FL 32809**

**94018999**



02062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3547331**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DVP** ☒ Delete  
NAME **WILLIAMS, GEORGE T**  
STREET ADDRESS **6000 LAKE ELLENOR DRIVE**  
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **DS** ☐ Delete  
NAME **WENTZ, DOUGLAS E**  
STREET ADDRESS **5900 LAKE ELLENOR DRIVE**  
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **P** ☐ Delete  
NAME **BURNS, LAURIE**  
STREET ADDRESS **5900 LAKE ELLENOR DR**  
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **VP** ☐ Delete  
NAME **HARRIGAN, PATRICK**  
STREET ADDRESS **6100 LAKE ELLENOR DR**  
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **T** ☐ Delete  
NAME **WALKER, ANTHONY**  
STREET ADDRESS **6100 LAKE ELLENOR DRIVE**  
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **AS** ☒ Delete  
NAME **WHEATLEY, DIANE**  
STREET ADDRESS **6000 LAKE ELLENOR DR**  
CITY-ST-ZIP **ORLANDO, FL 32809**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Change ☒ Addition  
NAME **Paula Shives**  
STREET ADDRESS **5900 Lake Ellenor Dr.**  
CITY-ST-ZIP **Orlando, FL 32809**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Paula Shives*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #