



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90219 001 ***150.00

DOCUMENT # P98000107312 1. Entity Name GERMAR INVESTMENT CORPORATION.					
Principal Place of Business 3051 KEYPORT ST. DELTONA, FL 32738-5356			Mailing Address 3051 KEYPORT ST. DELTONA, FL 32738-5356		
2. Principal Place of Business 18950 US Highway 441 #130		3. Mailing Address 18950 US Highway 441 #130			
Suite, Apt. #, etc. #130		Suite, Apt. #, etc. #130		04142004 Chg-P CR2E034 (10/03)	
City & State MOUNT DORA FL		City & State MOUNT DORA FL		4. FEI Number 59-3552086	
Zip 32757		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DEL NEGRO, MARJORIE HEMP 3051 KEYPORT ST. DELTONA, FL 32738-5356			7. Name and Address of New Registered Agent Name Del Negro, Marjorie H Street Address (P.O. Box Number is Not Acceptable) 18950 U.S. Highway 441 #130 City MOUNT DORA FL Zip Code 32757		
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: <u><i>Marjorie H Del Negro</i></u> DATE: <u>4-14-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete DEL NEGRO, GERRY L 3051 KEYPORT ST. DELTONA, FL 327385356		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Del Negro, Gerry L 18950 U.S. Highway 441 #130 MOUNT DORA, FL 32757	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete DEL NEGRO, MARJORIE HEMP 3051 KEYPORT ST. DELTONA, FL 327385356		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Del Negro, Marjorie H 18950 U.S. Highway 441 #130 MOUNT DORA, FL 32757	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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.					
SIGNATURE: <u><i>Marjorie H Del Negro</i></u> Marjorie H Del Negro 352-357- <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 1145</small>					