

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90024 036 ***150.00

DOCUMENT # P99000098168

1. Entity Name

GOTTA TRY, INC.



Principal Place of Business

OCALA MARLON CO FLORIDA
2603 NW 17TH ST
OCALA FL 34471

Mailing Address

PO BOX 6
OCALA FL 34478-0006

2. Principal Place of Business

206 SW 10th Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ocala Florida

City & State

Ocala Florida

Zip

34474

Country

Marion

Zip

34474

Country

Marion



MOORE

CR2E034 (11/03)

4. FEI Number

59-3613216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, R. SCOT
409 SW WENONA AVENUE
OCALA FL 34-4710

7. Name and Address of New Registered Agent

Name

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

409 SE Wenona Avenue

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BROWN, R. SCOT
STREET ADDRESS 727 S.E. 4TH ST.
CITY-ST-ZIP Ocala FL 34471

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 409 SE Wenona Avenue
CITY-ST-ZIP Ocala Florida 34471

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: Robert Scot Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 17, 2004 352 237 5300
Date Daytime Phone #