

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # V12209

1. Entity Name
**GITTINGS, SCHUETH & GRUNTHAL REAL ESTATE
SERVICES, INC.**



Principal Place of Business

**45 WEST BAY ST.
STE 203
JACKSONVILLE, FL 32202 US**

Mailing Address

**45 WEST BAY ST.
STE 203
JACKSONVILLE, FL 32202 US**

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3105851

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GITTINGS, ROBERT L JR.
45 WEST BAY ST
STE 203
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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**

U00000100531
04/01/04-80011-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GITTINGS, ROBERT L
STREET ADDRESS	45 WEST BAY ST #203
CITY- ST- ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	SCHUETH, WILLIAM F JR
STREET ADDRESS	45 W BAY STREET SUITE 203
CITY- ST- ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William F. Schueth, Jr.

3/31/04

904-356-1060

Date

Daytime Phone #