

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90009 027 \*\*\*150.00

**DOCUMENT # V32458**

1. Entity Name

G N P INTERNATIONAL INC.



Principal Place of Business

22340 THOUSAND PINES LN  
BOCA RATON FL 33428

Mailing Address

22340 THOUSAND PINES LN  
BOCA RATON FL 33428

J4U64J64



MOORE

CR2E034 (11/03)

2. Principal Place of Business

18210 MORRISON ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GROVELAND

City & State

SAME

4. FEI Number

65-0328537

Applied For

Not Applicable

Zip

34736

Country

USA

Zip

SAME

Country

SAME

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PFLUG, GARY  
22340 THOUSAND PINES LN  
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

GARY PFLUG

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

18210 MORRISON ST.

City

GROVELAND, I

FL

Zip Code

34736

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	<input type="checkbox"/> Delete
NAME	PFLUG, GARY	
STREET ADDRESS	22340 THOUSAND PINES LN	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PFLUG, NANCY	
STREET ADDRESS	22340 THOUSAND PINES LN	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	GARY PFLUG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18210 MORRISON ST.	
STREET ADDRESS	GROVELAND, FL 34736	
CITY-ST-ZIP		
TITLE	NANCY PFLUG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18210 MORRISON ST.	
STREET ADDRESS	GROVELAND, FL 34736	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-04 3524295591