

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 18 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006648

1. Entity Name
G.M.I. N.A., INC.



Principal Place of Business
PO BOX 701
VALLEY Forge, PA 19482

Mailing Address
PO BOX 701
VALLEY Forge, PA 19482



03052003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2839622

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRUDEL, MARK N 108 HILLTOP DR. DOWNTOWN, PA 19312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRUDEL, MICHAEL A 30 MILL ROAD PHOENIXVILLE, PA 19460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRUDEL, CARTER J 30 MILL ROAD PHOENIXVILLE, PA 19460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTELLUCCI, KAREN T 4099 HORNEILL RD MALUGAN, PA 19466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

800036966328
05/20/04--01061--001 **550.00

**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

5/10/04
Date

616 533-4674
Daytime Phone #