


**FILED**  
**Jun 30, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90479 023 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P01000101587			
1. Entity Name GABA OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 2771 TEAL COURT ST. JAMES CITY, FL 33956		Mailing Address 2771 TEAL COURT ST. JAMES CITY, FL 33956	
2. Principal Place of Business 78 Second Street		3. Mailing Address 78 Second Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Auburn, ME		City & State Auburn, ME	
Zip 04210	Country	Zip 04210	Country
4. FEI Number 59-3750819		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 LEVITRE, JOHN 2771 TEAL COURT ST. JAMES CITY, FL 33956		7. Name and Address of New Registered Agent Archibald Rubenstein 78 Second Street Auburn, ME 04210 8270 - 201 Colby Parkway City of Auburn FL Zip Code 33919	
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, the registered agent. SIGNATURE: <i>Michael R. Rubenstein</i>			
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 11-11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVITRE, JOHN CRNA 2771 TEAL COURT ST. JAMES CITY, FL 33956	TITLE NAME STREET ADDRESS CITY-ST-ZIP	78 Second Street Auburn, ME 04210
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: <i>[Signature]</i>		Date: 4-3-04	

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207-783-0567