

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 450760
 1. Entity Name
GELLA-SONS, INC.



Principal Place of Business Mailing Address
503 SEMINOLE AVE. **503 SEMINOLE AVE.**
FRUITLAND PARK, FL 34731-4047 **FRUITLAND PARK, FL 34731-4047**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1531513	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

GELLA, JOHN
503 SEMINOLE AVE.
FRUITLAND PARK, FL 32731

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000405171
 02/07/06 00029 010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GELLA, JOHN J
STREET ADDRESS	503 SEMINOLE AVE.
CITY-ST-ZIP	FRUITLAND PARK, FL
TITLE	ST
NAME	GELLA, JOHN
STREET ADDRESS	503 SEMINOLE AVE.
CITY-ST-ZIP	FRUITLAND PARK, FL
TITLE	V
NAME	GELLA, WALTER B
STREET ADDRESS	503 SEMINOLE AVE.
CITY-ST-ZIP	FRUITLAND PARK, FL
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 exemptions contained in Chapter 119, 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: John J Gella
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-06 352/326-9080
 Date Daytime Phone #