

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P04000092531

1. Entity Name  
 GSGI ENTERPRISES, INC.



Principal Place of Business  
 629 US HWY 17-92 WEST  
 HAINES CITY, FL 33844

Mailing Address  
 629 US HWY 17-92 WEST  
 HAINES CITY, FL 33844



04092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 14-1910410 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

SIMPSON, GARY L  
 629 US HWY 17-92 W  
 HAINES CITY, FL 33844

**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, 2007 Fee will be \$550.00**

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	PT SIMPSON, GARY L 105 BRIDGETON STREET DAVENPORT, FL 33896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GEORGETA, ILIE 105 BRIDGETON STREET DAVENPORT, FL 33896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, JOSE J 6616 KINGSPONTE PARKWAY ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000742425  
 05/15/07-80067-019 150.00

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY L. SIMPSON *Gary L Simpson*

Date

4/27/07

Daytime Phone #

863-422-5552