

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092531

Entity Name: GSGI ENTERPRISES, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 14-1910410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SIMPSON, GARY L
Address: 105 BRIDGETON STREET
City-St-Zip: DAVENPORT, FL 33896

Title: VT () Delete
Name: GEORGETA, ILIE
Address: 105 BRIDGETON STREET
City-St-Zip: DAVENPORT, FL 33896

Title: S () Delete
Name: HERNANDEZ, JOSE J
Address: 6616 KINGSPOINTE PARKWAY
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: SIMPSON, GARY L
Address: 537 STONEWALL AVE.
City-St-Zip: HAINES CITY, FL 33844

Title: VT (X) Change () Addition
Name: GEORGETA, STEFAN
Address: 578 REDDICKS CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. SIMPSON

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date