

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092542

Entity Name: G S F ENTERPRISE, INC.

FILED  
Jan 12, 2005  
Secretary of State

## Current Principal Place of Business:

1 HICKORY DR  
LAKE PLACID, FL 33852

## New Principal Place of Business:

2 HICKORY AVE  
LAKE PLACID, FL 33852

## Current Mailing Address:

1 HICKORY DR  
LAKE PLACID, FL 33852 US

## New Mailing Address:

2 HICKORY AVE  
LAKE PLACID, FL 33852 US

FEI Number: 59-3286018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOSTER, GREGG S  
20 W. ROYAL PALM AVE.  
LAKE PLACID, FL 33852 US

## Name and Address of New Registered Agent:

FOSTER, GREGG S  
2 HICKORY AVE  
LAKE PLACID, FL 33852 US

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:

01/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FOSTER, GREGG S  
Address: 1 HICKORY DR  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: FOSTER, BRENDA M  
Address: 1 HICKORY DR  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: LUSBY, DAVID  
Address: 20 W ROYAL PALM AVE  
City-St-Zip: LAKE PLACID, FL 33852

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: LUSBY, DAVID  
Address: 124 SOUTH MAIN STREET  
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRENDA MARIE FOSTER

D

01/12/2005

Electronic Signature of Signing Officer or Director

Date