

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092542

Entity Name: G S F ENTERPRISE, INC.

FILED  
May 10, 2011  
Secretary of State

**Current Principal Place of Business:**

2 HICKORY AVE  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

2 HICKORY AVE  
LAKE PLACID, FL 33852 US

**New Mailing Address:**

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  
2 HICKORY AVE  
LAKE PLACID, FL 33852 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FOSTER, GREGG S  
Address: 2 HICKORY AVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: S  
Name: FOSTER, BRENDA M  
Address: 2 HICKORY AVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: D  
Name: TAYLOR, BROOKE A  
Address: 2 HICKORY AVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: D  
Name: MALOY, SOMMER N  
Address: 2 HICKORY AVE  
City-St-Zip: LAKE PLACID, FL 33852

I hereby 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 all other like empowered.

SIGNATURE: BROOKE TAYLOR

D

05/10/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date