

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000022838

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: G FORCE SUPPLIES CORPORATION

## Current Principal Place of Business:

2989 S. FLETCHER AVE.  
FERNANDINA BEACH, FL 32034

## New Principal Place of Business:

2983 FERDINAND CT  
FERNANDINA BEACH, FL 32034

## Current Mailing Address:

2989 S. FLETCHER AVE  
FERNANDINA BEACH, FL 32034

## New Mailing Address:

2983 FERDINAND CT  
FERNANDINA BEACH, FL 32034

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GBS CONSULTANTS  
1290 WESTON ROAD STE 306  
WESTON, FL 33326 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: PD ( ) Delete  
Name: GONZALEZ, GUSTAVO  
Address: 2989 S. FLETCHER AVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GONZALEZ, GUSTAVO  
Address: 2983 FERDINAND CT  
City-St-Zip: FERNANDINA BEACH, FL 32034

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: GUSTAVO GONZALEZ

PD

04/30/2008

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

\_\_\_\_\_  
Date