## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 621417**

Title:

Name:

Address:

City-St-Zip:

FILED Jan 10, 2007 Secretary of State

Entity Nam	e: GAFFIN IN	DUSTRIAL SERVICES, INC.			•		
Current Principal Place of Business:			New Princi	New Principal Place of Business:			
619 44TH A ELLENTON		US					
Current Mailing Address:			New Mailin	New Mailing Address:			
PO BOX 16	DUSTRIAL SEF 37 /, FL 33568163	·					
FEI Number: 5	59-1901015	FEI Number Applied For ( )	I Number Not Appli	cable ( )	Certificate of Status Desired (	)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
619 44TH S ELLENTON	, FL 34222	US bmits this statement for the purpo	se of changing its	s registered o	ffice or registered agent, or	both.	
in the State	of Florida.		<b>---</b>			,	
SIGNATUR		Signature of Registered Agent			Date		
Election Cam		Trust Fund Contribution ( ).			Date		
OFFICERS	AND DIRECT	ORS:	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PTDC () E GAFFIN, GEORG 719 44TH AVE E ELLENTON, FL 3		Title: Name: Address: City-St-Zip:	PTDC (X) GAFFIN, GEOR 619 44TH AVE ELLENTON, FL	E		
Title: Name: Address: City-St-Zip:	CEO () E GAFFIN, DEBOR 719 44TH AVE E ELLENTON, FL		Title: Name: Address: City-St-Zip:	CEO (X) GAFFIN, DEBO 619 44TH AVE ELLENTON, FL	E		

Title: **PRES** () Delete () Change () Addition GAFFIN, MARK Name: Name:

3901 VALRICO GROVE DR Address: Address: VALRICO, FL 33594 City-St-Zip: City-St-Zip:

( ) Delete

MCCLEARY, DANIEL

11014 SAILBROOKE DR

RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARK GAFFIN **PRES** 01/10/2007

() Change () Addition