## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 16, 2007 08:00 AN Secretary of State

1. Entity Nam GASADE	e of Business	failing Address 5340 NW 25 LOOP DCALA, FL 34482 US		*, **** *	Secretary of State
D	O NOT WRITE II		CE	02272007 4. FEI Numb 59-196	
FURMAN, EDWARD J 334 N.W. THIRD AVENUE OCALA, FL 34475			DO NOT WRITE IN THIS SPACE		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  (NOTE. Registered Agent signature required when reinstating)  DATE					
FILE NOWIII FEE IS \$150.90 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			ncing \$5.	.00 May Be ed to Fees	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PS SANDOVAL, GASTON 5340 NW 25 LOOP OCALA, FL 34482	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and tharmy 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					