


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000000487	
1. Entity Name GSBS, P.C.	

Principal Place of Business 375 WEST 200 SOUTH STE. 100 SALT LAKE CITY, UT 84101	Mailing Address 375 WEST 200 SOUTH STE. 100 SALT LAKE CITY, UT 84101
--	--

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 87-0335107	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALENT, PATRICK
TWO SOUTH UNIVERSITY DRIVE STE. 245
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP STRANSKY, MICHAEL J 375 WEST 200 SOUTH STE. 100 SALT LAKE CITY, UT 84101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCVP BREMS, DAVID P 375 WEST 200 SOUTH STE. 100 SALT LAKE CITY, UT 84101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, STEPHEN B 375 WEST 200 SOUTH STE. 100 SALT LAKE CITY, UT 84101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BATENHORST, THOMAS E 375 WEST 200 SOUTH STE. 100 SALT LAKE CITY, UT 84101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENRIKSEN, D. SCOTT 375 WEST 200 SOUTH STE. 100 SALT LAKE CITY, UT 84101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MILLER, KEVIN B 375 WEST 200 SOUTH STE. 100 SALT LAKE CITY, UT 84101

U00000179400
01/13/05-80016-019 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1-10-05 801.521-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #