

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000006334

1. Entity Name
GLOBAL SUPPORT SERVICES GROUP, INC.



Principal Place of Business Mailing Address
2057 ALLARD DRIVE 2057 ALLARD DRIVE
CLEARWATER, FL 33763 CLEARWATER, FL 33763



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
03-0464061 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREFER, AMINAH
2057 ALLARD DRIVE
CLEARWATER, FL 33763

**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 _____

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

U000000219806
02/08/05-80042-012 158.75

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	GREFER, AMINAH
STREET ADDRESS	2057 ALLARD DR.
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	VCVP
NAME	GREFER, ROLAND
STREET ADDRESS	2057 ALLARD DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(i), 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: _____

Aminah Grefer CP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-05 727-736-7809
Date Daytime Phone #