

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90331 013 ***150.00

DOCUMENT # F04000000578

1. Entity Name
GSP MARKETING, INC.



Principal Place of Business
150 DOMINION DRIVE
SOMERSET, PA 44833

Mailing Address
150 DOMINION DRIVE
SOMERSET, PA 44833

2. Principal Place of Business

322 Lavenusville Rd
Suite, Apt. #, etc.

3. Mailing Address

322 Lavenusville Rd
Suite, Apt. #, etc.

City & State

Somerset, PA

City & State

Somerset, PA

Zip

15501

Country

Somerset

Zip

15501

Country

Somerset

01302005

Chg-P

CR2E034 (10/03)

4. FEI Number

25-1843092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, RANE
1303 SOUTH VALRICO RD.
VALRICO, FL 33594

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPS
MARTIN, GERALD F
150 DOMINION DRIVE
SOMERSET, PA 44833 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Martin, Gerald F.
322 Lavenusville Road
Somerset, PA 15501 ☒ Change ☐ Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Additio

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: *Gerald F. Martin* Gerald F. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #