



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F06000003709</b> 1. Entity Name <b>GSE WATER CONTRACTORS, INC.</b>	
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Principal Place of Business <b>1020 SHANNON CT. LIVERMORE, CA 94550</b>	Mailing Address <b>1020 SHANNON CT. LIVERMORE, CA 94550</b>
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**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>94-2667242</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GUTIERREZ, GABRIEL 1253 CHENILLE CIRCLE WESTON, FL 33327</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000811929</b> <b>02/12/08-80026-006 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GUTIERREZ, ORLANDO 1020 SHANNON CT. LIVERMORE, CA 94550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS GUTIERREZ, SUE 4224 GREENVILLE RD. LIVERMORE, CA 94550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, CYNTHIA 1020 SHANNON CT. LIVERMORE, CA 94550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAZZA, STEVE 1020 SHANNON CT. LIVERMORE, CA 94550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUTIERREZ, DENNIS 1020 SHANNON CT. LIVERMORE, CA 94550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HR MEYER, CAROL 1020 SHANNON COURT LIVERMORE, CA 94550

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 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 the empowered.

**SIGNATURE:** *Cynthia L. Gutierrez* **1-3-08 (925) 447-0292**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #