

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # G48628

1. Entity Name
GFS GROUP, INC.



Principal Place of Business
**12225 28TH STREET, NORTH
ST. PETERSBURG, FL 33716**

Mailing Address
**12225 28TH STREET, NORTH
ST. PETERSBURG, FL 33716**

DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2426126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STOGNIEW, GERALD F.
12225-B 28TH STREET, NORTH
ST. PETERSBURG, FL 33716**

**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 who if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STOGNIEW, GERALD F.
STREET ADDRESS	12225 28TH ST N
CITY-ST-ZIP	ST PETERSBURG, FL

TITLE	VSD
NAME	STOGNIEW, ROSEMARY
STREET ADDRESS	12225 28TH ST N
CITY-ST-ZIP	ST PETERSBURG, FL

TITLE	SD
NAME	STOGNIEW, KRISTEN
STREET ADDRESS	12225 28TH ST N
CITY-ST-ZIP	ST PETERSBURG, FL

TITLE	D
NAME	O'REILLY, LAURIE
STREET ADDRESS	12225 28TH ST N
CITY-ST-ZIP	ST PETERSBURG, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/06-80019-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: *Rosemary Stogniew* **ROSEMARY STOGNIEW** 1/24/06 (727) 572-71
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #