2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H85582

LUGBAUER, CHRIS

8 ROCKLEDGE DRIVE

PLEASANT VALLEY, NY 12569

Name:

Address:

City-St-Zip:

FILED Jan 06, 2004 Secretary of State

Entity Na	me: G.F.S. C	OMPUTING, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
4475 US 1 SUITE 102 ST. AUGU		086			
Current N	lailing Addre	ss:	New Mailing Address:		
4475 US 1 SUITE 102 ST. AUGL		086			
FEI Number	: 59-2605683	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
4475 US S SUITE 101		086 US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ago	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (COOK, JAMES 6975 CHARLE ST. AUGUSTIN	S STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD (COOK, PEGGY 6975 CHARLE ST. AUGUSTIN	S STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (BAYLY, CARTI 1-B A STREET ST. AUGUSTIN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EDWARDS, DI 117 SUMMITT		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	TD () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE:	DENNIS EDWARDS	PD	01/06/2004