


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L56542
 1. Entity Name
 GASTON SERVICES, INC.



Principal Place of Business Mailing Address
 300 S SATURN AVE PO BOX 98
 CLEARWATER, FL US CLEARWATER, FL 33757 US

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01212006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3001195 Not Applicable

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

6. Name and Address of Current Registered Agent
 GASTON, FREDERICK H., III
 209 PONCE DE LEON BLVD.
 CLEARWATER, FL 33756

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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 Frederick H. Gaston, President DATE 2/6/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

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	GASTON, FREDERICK H., III
STREET ADDRESS	209 PONCE DE LEON BLVD.
CITY - ST - ZIP	BELLEAIR, FL
TITLE	TSD
NAME	GASTON, KATHLEEN A.
STREET ADDRESS	209 PONCE DE LEON BLVD.
CITY - ST - ZIP	BELLEAIR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Frederick H. Gaston, President DATE 2/6/06 Daytime Phone # 727-531-5583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR