

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L56542

FILED
Jul 04, 2007
Secretary of State

Entity Name: GASTON SERVICES, INC.

Current Principal Place of Business:

300 S SATURN AVE
CLEARWATER, FL US

New Principal Place of Business:

300 S SATURN AVE
CLEARWATER, FL 33755 US

Current Mailing Address:

PO BOX 98
CLEARWATER, FL 33757 US

New Mailing Address:

FEI Number: 59-3001195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASTON, FREDERICK H., III
209 PONCE DE LEON BLVD.
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GASTON, FREDERICK H., ,III
Address: 209 PONCE DE LEON BLVD.
City-St-Zip: BELLEAIR, FL

Title: TSD () Delete
Name: GASTON, KATHLEEN A.,
Address: 209 PONCE DE LEON BLVD.
City-St-Zip: BELLEAIR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GASTON, FREDERICK H., ,III
Address: 209 PONCE DE LEON BLVD.
City-St-Zip: BELLEAIR, FL 33756

Title: TSD (X) Change () Addition
Name: GASTON, KATHLEEN A.,
Address: 209 PONCE DE LEON BLVD.
City-St-Zip: BELLEAIR, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: KATHLEEN GASTON

V.P.

07/04/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date