

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90160 048 ***150.00

DOCUMENT # P00000056571

1. Entity Name
G.A.T.S., INC.



Principal Place of Business
**816 SW 51ST TERR
CAPE CORAL, FL 33914**

Mailing Address
**816 SW 51ST TERR
CAPE CORAL, FL 33914**

40059197



2. Principal Place of Business - No P.O. Box #
4436 SW 15TH AVENUE
Suite, Apt. #, etc.

3. Mailing Address
4436 SW 15TH AVENUE
Suite, Apt. #, etc.

03012007 Chg-P CR2E034 (12/06)

City & State
CAPE CORAL FL
Zip Country
33914 US

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CAPE CORAL FL
Zip Country
33914 US

4. FEI Number
65-1066072
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WRIGHT, CHRISTINE F
1105 CAPE CORAL PKWY E STE C
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name
DIETZ, HEINZ
Street Address (P.O. Box Number is Not Acceptable)
4436 SW 15TH AVENUE
City **CAPE CORAL** FL Zip Code **33914**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-01-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
DIETZ, HEINZ
816 SW 51ST TERR
CAPE CORAL, FL 33914** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
DIETZ, HEINZ
4436 SW 15TH AVENUE
CAPE CORAL, FL 33914** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-01-07