

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064059

Entity Name: GABRIEL C. SERVICES INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

PO BOX 3202
CLEARWATER, FL 33767

New Principal Place of Business:

215 S METEOR
CLEARWATER, FL 33765

Current Mailing Address:

PO BOX 3202
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 59-3654431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRIZAN, GABRIEL
215 S. METEOR AVE
CLEARWATER, FL 33765 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KRIZAN, GABRIEL
Address: 215 S. METEOR AVE
City-St-Zip: CLEARWATER, FL 33765

Title: S () Delete
Name: REPPEROVA, PETRA
Address: P.O. BOX 3002
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GABRIEL KRIZAN

P

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date