


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90577 014 ***150.00

DOCUMENT # P01000069856	
1. Entity Name GSH HOLDINGS I, INC.	

Principal Place of Business 3400 S TAMIAMI TRAIL STE 202 SARASOTA, FL 34239	Mailing Address 3400 S TAMIAMI TRAIL STE 202 SARASOTA, FL 34239
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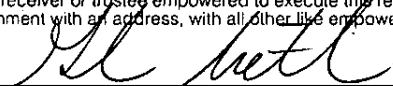
2. Principal Place of Business Dunlap & Moran, P.A. Suite, Apt. #, etc. 1990 Main Street, Ste. 700	3. Mailing Address Dunlap & Moran, P.A. Suite, Apt. #, etc. PO Box 3948
City & State Sarasota, FL	City & State Sarasota, FL
Zip 34236	Country Sarasota
Zip 34236	Country Sarasota

	
03172005	Chg-P
CR2E034 (10/03)	
4. FEI Number 65-1122505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LUZIER, THOMAS B ESQ 3400 S TAMIAMI TRAIL STE 202 SARASOTA, FL 34239	7. Name and Address of New Registered Agent Name Luzier, Thomas B. Esq. Street Address (P.O. Box Number is Not Acceptable) Dunlap & Moran, P.A. 1990 Main Street, Suite 700 City Sarasota FL Zip Code 34236
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 _____ Thomas B. Luzier 4-14-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIETH, GLEN 3306 PEMBROOK DRIVE SARASOTA, FL 34231 ← 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	DATE _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	