## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P01000097914** 

A TOP SHOULD BE SEEN TO SEE

1. Entity Name

GYM-TEC SERVICES, INC.



FILED Apr 16, 2007 08:00 A Secretary of State

Principal Place of Business

1057 SCHOONER LANE ENGLEWOOD, FL 34224 Mailing Address

1057 SCHOONER LANE ENGLEWOOD, FL 34224 ·



## DO NOT WRITE IN THIS SPACE

01202007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEDFORD, ROBERT T 1057 SCHOONER LANE ENGLEWOOD, FL 34224

## DO NOT WRITE IN THIS SPACE

			1.7		
	named entity submits this statement for the plans of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registere	d Agent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees			· · · · · · · · · · · · · · · · · · ·
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D BEDFORD, ROBERT T 1057 SCHOONER LANE ENGLEWOOD, FL 34224				000000712534 04/26/07-80052-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					t.
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 cath, 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 N

Robert T. Bedford

4/11/57

941-270-2345

Daytime Phone #