

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P02000067795**

1. Entity Name  
GLS ENTERPRISES, INC.



**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
23316B SW 55TH AVE.  
BOCA RATON, FL 33433

Mailing Address  
23316B SW 55TH AVE.  
BOCA RATON, FL 33433



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
01-0723864

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

TFIRM, DAVID  
11365 SEAGRASS CIR.  
BOCA RATON, FL 33498

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SHIELDS, GARY L
STREET ADDRESS	23316B SW 55TH AVE.
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	TFIRM, DAVID
STREET ADDRESS	11365 SEAGRASS CIR.
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Gary L. Shields  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/05 561 218-0056  
Date Daytime Phone #