


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000067795 1. Entity Name GLS ENTERPRISES, INC.	
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Principal Place of Business 23316B SW 55TH AVE. BOCA RATON, FL 33433	Mailing Address 23316B SW 55TH AVE. BOCA RATON, FL 33433
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01122006 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent TFIRN, DAVID 11365 SEAGRASS CIR. BOCA RATON, FL 33498
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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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

000000387470
01/18/06-80030-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS, GARY L 23316B SW 55TH AVE. BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TFIRN, DAVID 11365 SEAGRASS CIR. BOCA RATON, FL 33498
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IN THIS SPACE**

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 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

01/13/06 561 218-0051
Date Daytime Phone #