## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Mar 15, 2007 08:00 AM Secretary of State **DOCUMENT # P02000101196** G B & SONS INVESTMENTS, CORP. Principal Place of Business Mailing Address 4748 LAKE CALABAY DR. 4748 LAKE CALABAY DR. ORLANDO, FL 32874 ORLANDO, FL 32874 02132007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3656008 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARVELO, GUSTAVO DO NOT WRITE 4748 LAKE CALABAY DR. ORLANDO, FL. 32874 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE ARVELO, GUSTAVO STREET ADDRESS 4748 LAKE CALABAY DR. CITY-ST-ZIP ORLANDO, FL 32874 TITLE NAME U00000667445 03/26/07-80028-021 150.00 STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 his 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 ad

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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP

G OFFICER OR DIRECTOR

Date

Daytime Phone #