

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000120300

1. Entity Name
G & S ENTERPRISES OF KISSIMMEE, INC.



Principal Place of Business
2614 COLDSTREAM CIRCLE
KISSIMMEE, FL 34743

Mailing Address
2614 COLDSTREAM CIRCLE
KISSIMMEE, FL 34743



03032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1137621

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALUISA DE QUINGATUNA, SUSANA M
2614 COLDSTREAM CIRCLE
KISSIMMEE, FL 34743

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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

000000320430
04/21/05-80035-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALUISA DE QUINGATUNA, SUSANA M
STREET ADDRESS 2614 COLDSTREAM CIRCLE
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE STD
NAME QUINGATUNA, LUIS G
STREET ADDRESS 2614 COLDSTREAM CIRCLE
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-05