

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033918

Entity Name: GAOS, INC.

FILED  
Apr 23, 2005  
Secretary of State

## Current Principal Place of Business:

3569 SW 158 LA  
OCALA, FL 34473

## New Principal Place of Business:

41 JARED STREET  
CRAWFORDVILLE, FL 32327

## Current Mailing Address:

3569 SW 158 LA  
OCALA, FL 34473

## New Mailing Address:

41 JARED STREET  
CRAWFORDVILLE, FL 32327

FEI Number: 20-1468203

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAFFNER, OSVALDO  
3569 SW 158 LANE  
OCALA, FL 34473 US

## Name and Address of New Registered Agent:

HAFFNER, OSVALDO  
41 JARED STREET  
CRAWFORDVILLE, FL 32327 US

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.

SIGNATURE: OSVALDO HAFFNER

04/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete  
Name: HAFFNER, OSVALDO  
Address: 3569 SW 158 LA  
City-St-Zip: OCALA, FL 34473

Title: VDS ( ) Delete  
Name: STEINER, GABRIELA  
Address: 3569 SW 158 LA  
City-St-Zip: OCALA, FL 34473

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition  
Name: HAFFNER, OSVALDO  
Address: 41 JARED STREET  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VDS (X) Change ( ) Addition  
Name: STEINER, GABRIELA  
Address: 41 JARED STREET  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSVALDO HAFFNER

PRES

04/23/2005

Electronic Signature of Signing Officer or Director

Date