

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000036654**

1. Entity Name  
**G SQUARED DESIGN SOLUTIONS, INC.**



Principal Place of Business  
**10019 OASIS PALM DR  
TAMPA, FL 33615**

Mailing Address  
**PO BOX 848  
OLDSMAR, FL 34677**



02102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-1055780</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**SMOUT, LES R  
2378 ANTHONY AVE  
CLEARWATER, FL 33759**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GRUDIS, JOANNE
STREET ADDRESS	10019 OASIS PALM DR
CITY-ST-ZIP	TAMPA, FL 33615

TITLE	VD
NAME	GRUDIS, AARON
STREET ADDRESS	10019 OASIS PALM DR
CITY-ST-ZIP	TAMPA, FL 33615

TITLE	T
NAME	SMOUT, LES R
STREET ADDRESS	10019 OASIS PALM DR
CITY-ST-ZIP	TAMPA, FL 33615

TITLE	SD
NAME	SMOUT, JUDITH N
STREET ADDRESS	10019 OASIS PALM DR
CITY-ST-ZIP	TAMPA, FL 33615

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/25/08-80003-003 150.00

**DO NOT WRITE  
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *LES R SMOUT* **LES R SMOUT**

**2-11-08 727-797-0680**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*TREASURER*