

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000084608

1. Entity Name
GAMOSA, INCORPORATED



Principal Place of Business

4806 NW 35TH ST
OCALA, FL 34482

Mailing Address

4806 NW 35TH ST
OCALA, FL 34482



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0147765

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REYNOLDS, INGRID I
4806 NW 35TH ST
OCALA, FL 34482

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000410500
02/09/06-80041-001 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME REYNOLDS, INGRID I
STREET ADDRESS 4806 NW 35TH ST
CITY-ST-ZIP OCALA, FL 34482

TITLE V
NAME REYNOLDS, MONICA J
STREET ADDRESS 4806 NE 35TH ST
CITY-ST-ZIP OCALA, FL 34482

TITLE V
NAME REYNOLDS, SANTIAGO
STREET ADDRESS 4806 NW 35TH ST
CITY-ST-ZIP OCALA, FL 34482

TITLE T&S
NAME REYNOLDS, JAMES H
STREET ADDRESS 4806 NW 35TH ST
CITY-ST-ZIP OCALA, FL 34482

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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: Ingrid Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-06 352-867-7989
Date Daytime Phone #