

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90046 001 ***150.00

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
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40016550



2. Principal Place of Business - No P.O. Box # 3352 SW 49TH TERRACE	3. Mailing Address 3352 SW 49TH TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02122007 Chg-P CR2E034 (12/06)

City & State OCALA, FLORIDA	City & State OCALA, FLORIDA
Zip 34474	Country U.S.

4. FEI Number 20-0147765	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REYNOLDS, INGRID I 4806 NW 35TH ST OCALA, FL 34482		7. Name and Address of New Registered Agent Name 3352 SW 49TH TERRACE Street Address (P.O. Box Number is Not Acceptable) City OCALA FL Zip Code 34474	
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYNOLDS, INGRID I 4806 NW 35TH ST OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3352 SW 49TH TERRACE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REYNOLDS, MONICA J 4806 NE 35TH ST OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3352 SW 49TH TERRACE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REYNOLDS, SANTIAGO 4806 NW 35TH ST OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3352 SW 49TH TERRACE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T&S REYNOLDS, JAMES H 4806 NW 35TH ST OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3352 SW 49TH TERRACE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 recorder 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	Ingrid Reynolds	02-12-07 (352) 598-3404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #