

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90027 004 \*\*\*150.00

DOCUMENT # P04000031632

1. Entity Name  
GTIS PROFESSIONALS, INC.



Principal Place of Business  
3333 RENAISSANCE BLVD.  
200  
BONITA SPRINGS, FL 34134 US

Mailing Address  
3333 RENAISSANCE BLVD.  
200  
BONITA SPRINGS, FL 34134 US

40022123



02072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
**3333 Renaissance Blvd**  
Suite, Apt. #, etc. **209**

3. Mailing Address  
**3333 Renaissance Blvd.**  
Suite, Apt. #, etc. **209**

City & State  
**BONITA SPRINGS FL**

City & State  
**BONITA SPRINGS FL**

Zip  
**34134** Country  
**US**

Zip  
**34134** Country  
**US**

4. FEI Number  
20-0757856

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
RODRIGUEZ, FRANK  
3333 RENAISSANCE BLVD.  
200  
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent  
Name  
**RODRIGUEZ FRANK**  
Street Address (P.O. Box Number is Not Acceptable)  
**3333 RENAISSANCE BLVD. STE 209**  
City & State  
**BONITA SPRINGS FL** Zip Code  
**34134**

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]* *[Signature]* DATE **2-7-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ANNA I		NAME		
STREET ADDRESS	3333 RENAISSANCE BLVD. STE. 200		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, FRANK		NAME		
STREET ADDRESS	3333 RENAISSANCE BLVD. STE. <del>200</del> 209		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]* DATE: **2-7-07** (235) 947-2338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #