

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000109733

1. Entity Name
GIN SAN HOLDINGS, INC.



Principal Place of Business

**2309 FARMWOOD CIR.
GOTHA, FL 34734**

Mailing Address

**P. O. BOX 998
GOTHA, FL 34734**

DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
54-2156998

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRAWFORD, SANDY J
2309 FARMWOOD CIR.
GOTHA, FL 34734**

**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**

**000000412809
02/10/06-80062-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CRAWFORD, SANDY J
STREET ADDRESS 2309 FARMWOOD CIR.
CITY-ST-ZIP GOTHA, FL 34734

TITLE STD
NAME NANIAN, VIRGINIA B
STREET ADDRESS 2309 FARMWOOD CIR.
CITY-ST-ZIP GOTHA, FL 34734

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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: Sandy J. Crawford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDY J. CRAWFORD

1/30/06

Date

321-229-7657

Daytime Phone #