

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139754

Entity Name: GCSTYLE, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

24419 SUMMER WIND CT.
LUTZ, FL 33559

New Principal Place of Business:

3532 STABLE RIDGE LN
LAND O LAKES, FL 34639

Current Mailing Address:

P.O. BOX 2431
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 86-1115853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULLARD, F. TIMOTHY CPA
5324 LAND O'LAKES BLVD.
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GERARD, KAREN M
Address: 24419 SUMMER WIND CT.
City-St-Zip: LUTZ, FL 33559

Title: SD () Delete
Name: GERARD, DONALD L
Address: 24419 SUMMER WIND CT.
City-St-Zip: LUTZ, FL 33559

Title: VD () Delete
Name: MARTIN, THEODORE J
Address: 24419 SUMMER WIND CT.
City-St-Zip: LUTZ, FL 33559

Title: TD () Delete
Name: MARTIN, MAUREEN F
Address: 24419 SUMMER WIND CT.
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GERARD, KAREN M
Address: 3532 STABLE RIDGE LN
City-St-Zip: LAND O LAKES, FL 34639

Title: SD (X) Change () Addition
Name: GERARD, DONALD L
Address: 3532 STABLE RIDGE LN
City-St-Zip: LAND O LAKES, FL 34639

Title: VD (X) Change () Addition
Name: MARTIN, THEODORE J
Address: 3532 STABLE RIDGE LN
City-St-Zip: LAND O LAKES, FL 34639

Title: TD (X) Change () Addition
Name: MARTIN, MAUREEN F
Address: 3532 STABLE RIDGE LN
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN GERARD

MS.

03/24/2009

Electronic Signature of Signing Officer or Director

Date