2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2007 08:00 A Secretary of State **DOCUMENT # P04000148084** 1. Entity Name GSA FINANCE, INC. Principal Place of Business Mailing Address 431 BEVERLY PKWY 431 BEVERLY PKWY PENSACOLA, FL 32526 PENSACOLA, FL 32526 CR2E034 (11/05) 04092007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1856405 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FOSTER, DENNIS P DO NOT WRITE **431 BEVERLY PKWY** PENSACOLA, FL 32526 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME FOSTER, DENNIS P STREET ADDRESS **431 BEVERLY PKWY** PENSACOLA, FL 32526 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CiTY+ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS U00000720057

ation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information polemental 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 ver or nustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if twith an address, with an otherwise empowered. 12. I hereby certify that the information so indicated on this report or supplement of the corporation or the receiver or in changed, or on an attachment with ar

SIGNATURE:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-SY-ZIP

GNING OFFICER OR DIRECTOR

05/01/07-80090-008 150.00

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