2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90309 044 ***150.00

DOCUMENT # P04000161889

1. Entity Name
GAMBLER LAND SERVICES INC

Principal Place of Business	Mailing Address
5509 MYRTLE DR. FT. PIERCE, FL 34982	5509 MYRTLE DR. FT. PIERCE, FL 34982

DO NOT WRITE IN THIS SPACE

04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1966330
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VOZELLA, DON
5509 MYRTLE DR.
FT. PIERCE, FL 34982

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: Don Vozella
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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VOZELLA, DON
STREET ADDRESS	5509 MYRTLE DR.
CITY-ST-ZIP	FT. PIERCE, FL 34982
TITLE	STD
NAME	VOZELLA, BETTY
STREET ADDRESS	5509 MYRTLE DR.
CITY-ST-ZIP	FT. PIERCE, FL 34982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: X Don Vozella 4/20/06 772-464-5518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

04-19-'06 15:41 FROM-Novices Accounting 772-461-7933 T-419 P001/002 F-034

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000161889

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GAMBLER LAND SERVICES INC

ATTACHMENT
40071181

[redacted]

04192006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
5509 MYRTLE DR. FT. PIERCE, FL 34982	5509 MYRTLE DR. FT. PIERCE, FL 34982

2. Principal Place of Business	3. Mailing Address
2508 Grey Twig Lane	2508 Grey Twig Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Pierce, FL	City & State: Fort Pierce, FL
Zip: 34981 Country: USA	Zip: 34981 Country: USA

4. FEI Number: 20-1968330 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VOZELLA, DON.
5509 MYRTLE DR.
FT. PIERCE, FL 34982

7. Name and Address of New Registered Agent

Name: Vozella, Don
Street Address (P.O. Box Number is Not Acceptable): 2508 Grey Twig Lane
City: Fort Pierce FL Zip Code: 34981

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

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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOZELLA, DON 5509 MYRTLE DR. FT. PIERCE, FL 34982	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2508 Grey Twig Lane Fort Pierce, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VOZELLA, BETTY 5509 MYRTLE DR. FT. PIERCE, FL 34982	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2508 Grey Twig Lane Ft Pierce, FL 34981
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SIGNATURE: Don Vozella 4/20/06 772-464-5518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #