

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003215

FILED
Apr 12, 2006
Secretary of State

Entity Name: GASQUI SERVICES CORPORATION

Current Principal Place of Business:

4719 22ND STREET SW
LEHIGH ACRES, FL 33971

New Principal Place of Business:

4005 11TH STREET W
LEHIGH ACRES, FL 33971

Current Mailing Address:

4719 22ND STREET SW
LEHIGH ACRES, FL 33971

New Mailing Address:

4005 11TH STREET W
LEHIGH ACRES, FL 33971

FEI Number: 20-2149948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E. SAMPLE RD.
POMPANO BEACH, FL 33064 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: P () Delete
Name: GASQUI, ALBINE LUCIANE
Address: 4719 22ND STREET SW
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D (X) Delete
Name: CALEL, GREGORIO
Address: 4210 EDGEWOOD AVE.
City-St-Zip: FT. MYERS, FL 33905

Title: D (X) Delete
Name: CALEL, TEODORO
Address: 765 MARSH AVE.
City-St-Zip: FT. MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GASQUI, ALBINE LUCIANE
Address: 4005 11TH STREET W
City-St-Zip: LEHIGH ACRES, FL 33971

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALBINE LUCIANE GASQUI

P

04/12/2006

Electronic Signature of Signing Officer or Director

Date