

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000127610

**1. Entity Name**  
**GONZALEZ DEBRIS REMOVAL SERVICE INC.**



**FILED  
May 01, 2006 8:00 am  
Secretary of State**

05-01-2006 90434 005 \*\*\*150.00

Principal Place of Business	Mailing Address
<b>7112 CARILLON AVENUE COCOA, FL 32927 US</b>	<b>7112 CARILLON AVENUE COCOA, FL 32927 US</b>

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

A standard linear barcode is positioned horizontally across the page, consisting of vertical black lines of varying widths on a white background.

01122006 Chg-P CR2E034 (11/05)

<b>6. Name and Address of Current Registered Agent</b>  GONZALEZ, GEORGE 7112 CARILLON AVENUE COCOA, FL FL	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)    City <input type="text" value="FL"/> Zip Code <input type="text" value="32927"/>
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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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, GEORGE		
STREET ADDRESS	7112 CARILLON AVENUE		
CITY-ST-ZIP	COCOA, FL 32927		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/26/06 (321)514-3631  
Date Daytime Phone #