


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90179 037 ***150.00

DOCUMENT # P05000139655			
1. Entity Name G.C.I. PRINTING SERVICES, INC.			
Principal Place of Business 8038 OLD COUNTY ROAD 54 NEW PORT RICHEY, FL 34653		Mailing Address 8038 OLD COUNTY ROAD 54 NEW PORT RICHEY, FL 34653	
2. Principal Place of Business - No P.O. Box # 2050 Tall Pines Dr. Suite, Apt. #, etc. Suite A City & State Largo, FL Zip 33771 Country USA		3. Mailing Address 2050 Tall Pines Dr. Suite, Apt. #, etc. Suite A City & State Largo, FL Zip 33771 Country USA	



03072007 Chg-P CR2E034 (12/06)

4. FEI Number
68-0616077
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent LATVALA, WOODROW J 8038 OLD COUNTY ROAD 54 NEW PORT RICHEY, FL 34653		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2050 TALL PINES DRIVE SUITE A City LARGO FL Zip Code 33771	
---	--	---	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LATVALA, WOODROW 8038 OLD COUNTY ROAD 54 NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2050 TALL PINES DRIVE, SUITE A LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIEGEL, LORI A 911 ORANGE VIEW DR. LARGO, FL 33778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: Woodrow J. Latvala 4/24/07 727-545-9566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #