

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000013090

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: GANIC PROFESSIONAL SERVICES, INC.

## Current Principal Place of Business:

6225 N. DALE MABRY  
#605  
TAMPA, FL 33614 US

## New Principal Place of Business:

9720 N. ANNENIA AVE, SUITE J  
TAMPA, FL 33612

## Current Mailing Address:

6225 N. DALE MABRY  
#605  
TAMPA, FL 33614 US

## New Mailing Address:

9720 N. ANNENIA AVE, SUITE J  
TAMPA, FL 33612

FEI Number: 20-4154853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEQUEIRA, NICOLLE R  
6225 N. DALE MABRY  
#605  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

SEQUEIRA, NICOLLE R  
9720 N. ANNENIA AVE, SUITE J  
TAMPA, FL 33612

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:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: SEQUEIRA, NICOLLE R  
Address: 6225 N. DALE MABRY, #605  
City-St-Zip: TAMPA, FL 33614 US

Title: VPD ( ) Delete  
Name: SEQUEIRA, GABRIEL C JR  
Address: 6225 N. DALE MABRY, #605  
City-St-Zip: TAMPA, FL 33614 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: SEQUEIRA, NICOLLE R  
Address: 9720 N. ANNENIA AVE, SUITE J  
City-St-Zip: TAMPA, FL 33612

Title: VPD (X) Change ( ) Addition  
Name: SEQUEIRA, GABRIEL C JR  
Address: 9720 N. ANNENIA AVE, SUITE J  
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify 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: NICOLLE R. SEQUEIRA

PSTD

04/30/2007

Electronic Signature of Signing Officer or Director

Date