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Secretary of State

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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000017063

1. Entity Name
G&S SALES ASSOCIATES, INC.

Principal Place of Business
6903 PINE SPRINGS DRIVE
WESLEY CHAPEL, FL 33544

Mailing Address
~~C/O TEMPLE H. DRUMMOND, ESQ.~~
~~320 WEST BEARSS AVENUE~~
~~TAMPA, FL 33613~~

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		c/o Temple H. Drummond, Esq.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 6987 East Fowler Avenue	
City & State		City & State Tampa, Florida	
Zip	Country	Zip 33617	Country USA

4. FEI Number 20-4318510 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~DRUMMOND, TEMPLE H~~
~~320 WEST BEARSS AVENUE~~
~~TAMPA, FL 33613~~

7. Name and Address of New Registered Agent

Name: Temple H. Drummond, Esq.
Street Address (P.O. Box Number is Not Acceptable): Drummond Wehle & Ross LLP
6987 East Fowler Avenue
City: Tampa FL Zip Code: 33617

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: Temple H. Drummond Temple H. Drummond, Esq.
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, 2008 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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KEGERISE, GENE D II		NAME		
STREET ADDRESS	6903 PINE SPRINGS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL, FL 33545		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KEGERISE, SANDRA A		NAME		
STREET ADDRESS	6903 PINE SPRINGS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL, FL 33545		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Sandra A. Kegerise / Secretary 1-30-08 813-715-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #