

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P27034

1. Entity Name
GC-DLS, INC.



Principal Place of Business
6330 GULFTON,
HOUSTON, TX 77081

Mailing Address
6330 GULFTON,
HOUSTON, TX 77081



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0246466

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000183844
01/20/05-80005-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	COBD
NAME	KATZ, JEROLD B.
STREET ADDRESS	6330 GULFTON
CITY-ST-ZIP	HOUSTON, TX
TITLE	P
NAME	TAYLOR, FRANK
STREET ADDRESS	6330 GULFTON
CITY-ST-ZIP	HOUSTON, TX 77081
TITLE	SVP
NAME	GROSS, ROBERT
STREET ADDRESS	6330 GULFTON
CITY-ST-ZIP	HOUSTON, TX 77081
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05
Date

713-777-4441
Daytime Phone #