

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90164 003 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P28812

1. Entity Name
G.S. OF SOUTH FLORIDA, INC.



Principal Place of Business Mailing Address
1300 METROPOLITAN 2801 N. Sunrise 1300 METROPOLITAN
OKLAHOMA CITY, OK 73108 Blvd SE 307 OKLAHOMA CITY, OK 73108
Sunrise FL 33323

50047348



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1354309 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NUCCIO, ROBERT
7246 COPPERFIELD CIR 9290 Dundee Dr.
LAKE WORTH, FL 33467

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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

10. OFFICERS AND DIRECTORS

TITLE ~~SB~~ Pres
NAME COUNTS, JACK E. JR. James P. O'Neal
STREET ADDRESS 1300 METROPOLITAN 2601 Network Blvd
CITY-ST-ZIP OKLAHOMA CITY, OK FRISCO, TX 75034

TITLE V
NAME CHILTON, MICHELLE S.
STREET ADDRESS 1300 METROPOLITAN AVE.
CITY-ST-ZIP OKL, OK

TITLE ~~SB~~ CEO / Treasurer
NAME HARDAWY, KYP
STREET ADDRESS 1300 METROPOLITAN Metropolis
CITY-ST-ZIP OKLAHOMA CITY, OK 73108

TITLE D
NAME COUNTS, JACK E. JR.
STREET ADDRESS 1300 Metropolis
CITY-ST-ZIP OKC, OK 73108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(j), 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: Michelle Chilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/05