

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90045 023 ***150.00

DOCUMENT # P93000039555					
1. Entity Name GARS, INC.					
Principal Place of Business 981 EAU GALLIE BLVD MELBOURNE, FL 32937			Mailing Address 981 EAU GALLIE BLVD MELBOURNE, FL 32937		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232008 Chg-P CR2E034 (12/06)	
4. FEI Number 59-3183692				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GIAMBANCO, JOHN 981 EAU GALLIE BLVD MELBOURNE, FL 32937			Name <u>Sergio Giannotta Jr</u> Street Address (P.O. Box Number is Not Acceptable) <u>1460 Talamore Ln</u> <u>Melbourne</u> City <u>FL</u> Zip Code <u>32940</u>		
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 <u>Sergio Giannotta Jr</u> <u>Sergio Giannotta Jr</u> <u>3-20-08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP NAME GIAMBANCO, JOHN STREET ADDRESS 6165 BARNA AVE CITY-ST-ZIP TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete		TITLE DP NAME Sergio Giannotta Jr STREET ADDRESS 1460 Talamore Ln CITY-ST-ZIP Melbourne, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME GIANNOTTA, SERGIO STREET ADDRESS 5425 AMY WAY CITY-ST-ZIP MIMS, FL 32754	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DST NAME GIANNOTTA, SERGIO JR. STREET ADDRESS 1460 TALAMORE LN CITY-ST-ZIP MELBOURNE, FL 32940	<input type="checkbox"/> Delete		TITLE Treasurer NAME Sergio Giannotta Jr STREET ADDRESS 5425 Amy Way CITY-ST-ZIP Mims, FL 32754	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME GIAMBANCO, SALVATORE STREET ADDRESS 5105 US 1 CITY-ST-ZIP GRANT, FL 32949	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Sergio Giannotta Jr STREET ADDRESS 1460 Talamore Ln CITY-ST-ZIP Melbourne, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<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 all other like empowered.					
SIGNATURE: <u>Sergio Giannotta Jr</u> <u>Sergio Giannotta Jr</u> <u>3-20-08</u> <u>(321)777-9444</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date Daytime Phone #		

50002328

