## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2008 08:00 Al Secretary of State

ANIN	UAL REPURI	
DOCUMENT # P94000 1. Entity Name GFA RAIL SERVICES, INC.		
Principal Place of Business	Mailing Address	
4110 CENTERPOINTE DR	4110 CENTERPOINTE DR	
FORT MYERS, FL 33916-9424	FORT MYERS, FL 33916-9424	
		i

DO NOT WRITE IN THIS SPACE



## 03252008

No Chg-P

CR2E034 (11/05)

4.	FE! Number
	65-0459706

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address of	Current	Registered	Agent

FAY, SUSAN J 4110 CENTERPOINTE DR FORT MYERS, FL 33916-9424

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<ol> <li>The above named entity submits this statement for the p the obligations of registered agent</li> </ol>	ourpose of changing its registered office or i	egistered agent, or bo	th, in the State of Florida I am familiar with	, and accept
Signature   Signature typed or printed name of highstoried (gent and title	l applicable (NCTE, Registered Agent signatur	a required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	000000875495 04/11/08-80036-005 1	58.75

10.	OFFICERS AND DIRECTORS
TITLI. NAME STREET ADDRESS CITY-SI-ZIP	D FAY, GORDON H 4110 CENTER POINTE DR FORT MYERS, FL 339169424
NAME STREET ADDRESS CITY-ST-ZIP	D FAY, SUSAN J 4110 CENTER POINT DR FORT MYERS, FL 339169424
NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ANDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CHY-ST-ZIP	
12   horoby c	partify that the information supplied with this filing does not qualify for the ex

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12. Thereby 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 of custee 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 Iddress, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/24/08

(239)275-6060

Daytime Priorie #