


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000020037		
1. Entity Name GSC MANAGEMENT, INC.		
Principal Place of Business 10707-66 ST. NO. SUITE 9 PINELLAS PARK, FL 33782	Mailing Address 10707-66 ST. NO. SUITE 9 PINELLAS PARK, FL 33782	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent ZEOLI, SAM JR. 10707-66 ST. NO. SUITE 9 PINELLAS PARK, FL 33782		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 <u><i>[Signature]</i></u> DATE <u>1-19-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLYDE, GREGORY S 10707-66 ST. NO. #9 PINELLAS PARK, FL 33782	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ZEOLI, SAM JR 10707-66 ST. NO. #9 PINELLAS PARK, FL 33782	
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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><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-19-06</u> Daytime Phone # <u>727 423-5838</u>



01152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3234147	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/27/06-80022-025 150.00