

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90301 042 ***150.00

DOCUMENT # P94000043659

1. Entity Name
G.S. PRESS, INC.



Principal Place of Business
**2531 SW CALENDEL ST
PORT SAINT LUCIE, FL 34953 US**

Mailing Address
**2531 SW CALENDEL ST
PORT SAINT LUCIE, FL 34953 US**

60026304

2. Principal Place of Business
**2531 SW CALENDEL ST
Suite, Apt. #, etc.
PORT ST LUCIE FL
City & State**

3. Mailing Address
**2531 SW CALENDEL ST
Suite, Apt. #, etc.
PORT ST LUCIE FL
City & State**

04022006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0507701 Applied For
Not Applicable

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

Zip
34953

Country

Zip
34953

Country

6. Name and Address of Current Registered Agent

**PENCE, EUGENE
2531 SW CALENDEL ST
PORT SAINT LUCIE, FL 34953**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
PENCE, EUGENIE
2531 SW CALENDEL ST
PORT SAINT LUCIE, FL 34953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
PENCE, EUGENIE
2502 SW NATURAL CIRCLE
PORT SAINT LUCIE, FL 34953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
2531 SW CALENDEL ST

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Eugenie J Pence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-06
Date

954-675-0679
Daytime Phone #