

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90181 036 ***150.00

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|--|--|--|---|--|--|
| DOCUMENT # P94000043659 1. Entity Name G.S. PRESS, INC. | | | |  | |
| Principal Place of Business 2531 SW CLAENDAR ST PORT SAINT LUCIE, FL 34953 US | | | Mailing Address 2531 SW CLAENDAR ST PORT SAINT LUCIE, FL 34953 US | | |
| 2. Principal Place of Business - No P.O. Box # 1035 SW ANRELLA AVENUE Suite, Apt. #, etc. | | 3. Mailing Address 1035 SW ANRELLA AVENUE Suite, Apt. #, etc. | | | |
| City & State PORT ST LUCIE FL Zip 34953 | | City & State PORT ST LUCIE FL Zip 34953 | | 4. FEI Number 65-0507701 | |
| Country US | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PENCE, EUGENIE 2531 SW CALENDEL ST PORT SAINT LUCIE, FL 34953 | | | 7. Name and Address of New Registered Agent Name PENCE, EUGENIE Street Address (P.O. Box Number is Not Acceptable) 1035 SW ANRELLA AVENUE City PORT ST LUCIE FL Zip Code 34953 | | |
| 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>Eugenie J Pence</i></u> (NOTE: Registered Agent signature required when renesting) DATE <u>4-2-07</u> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD PENCE, EUGENIE 2531SW CALENDEL ST PORT SAINT LUCIE, FL 34953 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST PENCE, EUGENIE 1035 SW ANRELLA AVENUE PORT ST LUCIE FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST PENCE, EUGENIE 2502 SW NATURAL CIRCLE PORT SAINT LUCIE, FL 34953 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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><i>Eugenie J Pence</i></u> <small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>4/2/07</u> Daytime Phone # <u>954-675-0679</u> | | |