


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000060239	
1. Entity Name GSB RETAIL GROUP, INC.	

Principal Place of Business 2433 SOUTH HIAWASSEE ROAD ORLANDO, FL 32835	Mailing Address 2433 SOUTH HIAWASSEE ROAD ORLANDO, FL 32835
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DO NOT WRITE IN THIS SPACE



08182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3261371	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BROWN, GREGORY H 2433 SOUTH HIAWASSEE ROAD ORLANDO, FL 32835	

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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 _____	U00000377030 08/25/05-80002-008 150.00 DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, GREGORY H 2433 S. HIAWASSEE ROAD ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, SUZANNE 2433 SOUTH HIAWASSEE ROAD ORLANDO, FL 32835
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	8-18-05	407-297-8672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
	Date	Daytime Phone #