

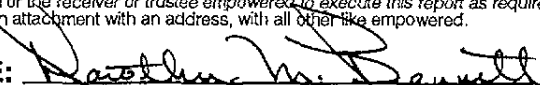


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P94000089518 1. Entity Name G. F. B. S., INC.		
Principal Place of Business 2421 SHREVE ST STE 115 PUNTA GORDA, FL 33950 US	Mailing Address 2421 SHREVE ST STE 115 PUNTA GORDA, FL 33950 US	
DO NOT WRITE IN THIS SPACE		
 04222005 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0537654		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BENNETT, DOROTHY M 2421 SHREVE ST STE 115 PUNTA GORDA, FL 33950		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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		U000000330940 04/25/05-80180-002 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BENNETT, DOROTHY M 2421 SHREVE ST., STE 115 PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BLANCHARD, PAUL F JR. 860 ROBINHOOD DR. PUNTA GORDA, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SUTHERLAND, MICHELLE D 4989 DUNCAN RD PUNTA GORDA, FL 33982	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/22/05 941-639-1142 <small>Date Daytime Phone #</small>