2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2004 8:00 am Secretary of State

DOCUMENT # P95000007715 1. Entity Name GT'S CONTRACTING SERVICES, INC.					03-08-2004 90038 040 ***150.00				
Principal Place of Business 8774 SE WATER OAK PLCAE JUPITER, FL 33469		Mailing Address 8774 SE WATER OAK PL JUPITER, FL 33469	CAE				54	01561	.1
2. Principal I	Place of Business 17 SE LOXA HATCHEE . #, etc. RIVER ROAD	3. Mailing Address 18877 SE Suite, Apt. #, etc. Q/V	LOXAHA ER ROY	TCHE!	02232004	Chg-P		034 (10/03)	
City & Sta	" JUPITER, FL	City & State GUPIT	ER. FI	,	4. FEI Numb	per	*	Ap	oplied For
Zip 为2	BHS8 Country U.S.A.	Zip 33 H58	Country U.	S.A.		of Status Desired		\$8.75 Add	ditional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
GADOMS	KI, TOMASZ	Name (α A \hat{a}	7M-51/1	TOMAS	3/			
8774 SE WATER OAK PLACE					O.O. Box Numb	er is Not Acceptable	a) .	<u> </u>	~ ~~
JUPITER, FL 33469				877	5. E.]	OXA HATO	HEE	KINE	Q QOAD
				CIL	ITER		FL	Zip Cop	ů.
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. Low tentiles with								and accept	
the obligations of registered agent.									
SIGNATURE V 1. GOODS									
	/Signature, typed or printed pone of registered agent and	title if applicable. (NOTE: f	Registered Agent signal	ture required	when reinstating)		DATE		
EII	E NOWIN FEE 10 \$450.00	9. Election Campaign	. Financino	¢.E	00		-		
After M	.E NOW!!! FEE IS \$150,00 ay 1, 2004 Fee will be \$550.00	,		Adde	00 May Be ed to Fees				
10 OFFICERS AND DIRECTORS 11								•	
-Inte	P OF FICERS AND DE	Delete	11, TITLE	Ð	ADDITIONS	CHANGES TO OFF	ICERS AND	*	
NAME	GADOMSKI, THOMASZ	L Delete	NAME	GAD	OM5KI	THOMAS	Z.	Change	☐ Addition
STREET ADDRESS	8774 SE WATER OAK PLACE		STREET ADDRESS	188	77 S.E	. LOXAHAT	CHEE	RIVER	ROAD
CITY-ST-ZIP	JUPITER, FL 33469	-	CITY-ST-ZIP	JU	PITER,	FL 3345	8	•	
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME						
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	-					
-HAME		La Desete	NAME					☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS					 _	
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME						4
CITY ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			B-1		FT 0	
NAME		C Delete	NAME					Change	☐ Addition
STREET ADDRESS			STREET ADDRESS]					,

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

<u>2004</u>

Daytime Phone #

☐ Change

☐ Addition