2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000007715

1. Entity Name
GT'S CONTRACTING SERVICES, INC.



FILED Mar 03, 2006 08:00 AM Secretary of State

Principal Place of Business

Malling Address

18877 SE LOXAHATCHEE RIVER RD. JUPITER, FL 33458

18877 SE LOXAHATCHEE RIVER RD. JUPITER, FL 33458



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-0625365 Not Applied by

5. Certificate of Status Desired

01232006

\$8.75 Additional Fee Required

CR2E034 (11/05)

Daytime Phone #

6. Name and Address of Current Registered Agent

GADOMSKI, TOMASZ 18877 SE LOXAHATCHEE RIVER RD. JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

No Chg-P

6. 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 title if applicable. [NOTE: Registered Agent signature required when relinateling) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GADOMSKI, THOMASZ 18877 SE LOXAHATCHEE RIVER RD JUPITER, FL 33458	, · · · · · · · · · · · · · · · · · · ·			••	
title Name Street Address City-St-Zip					00000045/ 03/15/06-80	1593 021-022 150.00
Title Name Street address City-St-Zip				DO	NOT WRI	TE
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TITLE HAME STREET ADDRESS GITY-ST-ZIP			-	er er i getyetter,	· · · · · · · · · · · · · · · · · · ·	
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.						

NING OFFICER OR DIRECTOR