

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000007715

1. Entity Name

GT'S CONTRACTING SERVICES, INC.



Principal Place of Business

18877 SE LOXAHATCHEE RIVER RD.  
JUPITER, FL 33458

Mailing Address

18877 SE LOXAHATCHEE RIVER RD.  
JUPITER, FL 33458

**FILED**

**Sep 03, 2008 08:00 AM**  
**Secretary of State**



08182008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0625365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**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

*X T. Gadomski*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*8/18/2008*

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME GADOMSKI, THOMASZ  
STREET ADDRESS 18877 SE LOXAHATCHEE RIVER RD.  
CITY-ST-ZIP JUPITER, FL 33458

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U00000958945  
09/03/08-80010-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *X T. Gadomski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/18/2008*

DATE

Daytime Phone #