

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90023 040 \*\*\*150.00

**DOCUMENT # P95000008148**

1. Entity Name  
**G.S.I. BROKERAGE, INC.**



Principal Place of Business  
**1831 N HOLLYWOOD AVE  
PENSACOLA, FL 32505 US**

Mailing Address  
**P. O. BOX 17614  
PENSACOLA, FL 32522 US**

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02122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3292973</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RAWLS, DEBRA C  
4419 CEDARBROOK CIRLCE  
PENSACOLA, FL 32526**

**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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CROSBY, SANDRA K
STREET ADDRESS	10321 EDENDALE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D
NAME	RAWLS, DEBRA C
STREET ADDRESS	4419 CEDARBROOK CIRLCE
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	P
NAME	ELMER, CROSBY R
STREET ADDRESS	10321 EDENDALE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	VP
NAME	WILLIAM R. RAWLS
STREET ADDRESS	4419 CEDARBROOK CIRCLE
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** William R. Rawls William R. Rawls 02/12/08 (850) 434-3210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #