2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P99000038289

1. Entity Name
G. S PROPERTIES OF TAMPA, INC.

Principal Place of Business

815 S HOWARD AVE TAMPA, FL 33606 Mailing Address

815 S HOWARD AVE TAMPA, FL 33606

FILED Jul 14, 2005 8:00 am Secretary of State

07-14-2005 90080 044 ***150.00

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

07082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3589749

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

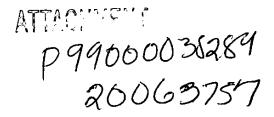
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SMITH, ERNEST L 815 S. HOWARD AVE. TAMPA, FL 33606

SIGNATURE:

## 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_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature, typed or printed name of registered agent and title  | e if applicable. (NOTE; Registered | Agent signature | required when reinstating)     | DATE                                                                                         |
| FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Finance Trust Fund Contribution.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                                    | cing            | \$5.00 May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OFFICERS AND DIRE                                               | CTORS                              |                 |                                |                                                                                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DP<br>GOLD, JOHN J JR.<br>1801 JETTON AVE.<br>TAMPA, FL 33606   |                                    |                 |                                |                                                                                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DST<br>SMITH, ERNEST L<br>815 S. HOWARD AVE.<br>TAMPA, FL 33606 |                                    |                 |                                |                                                                                              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                    |                 | DO                             | NOT WRITE                                                                                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del>)</del>                                                    |                                    |                 | IN '                           | THIS SPACE                                                                                   |
| TITLE<br>NAME<br>STREET ADORESS<br>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 Irustee 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 timpowered. |                                                                 |                                    |                 |                                |                                                                                              |



June 30, 2004

Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re:

G.S. Properties, Inc. 815 S. Howard Ave. Tampa, FL 33606

Dear Department,

With reference to G.S. Properties, Inc., we submit the following

1. 2005 Limited Liability Company Annual Report with \$150.00 enclosed as payment for 2005 annual filing fees.

The company never received the Annual Report for 2005 and has just recently learned that the filing had not been made. We submit the \$150.00 filing fee simultaneously with the Annual Report along with the proper signatures and respectfully request waiver of the penalty/reinstatement fee. Please let us know if there are any questions regarding this request.

Respectfully.

Ernest Smith, President G.S. Properties, Inc.