## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000066272

Entity Name: GASSER INVESTMENT CORP.

**FILED** Mar 25, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5709 DESCARTES CIRCLE 7339 VIA LURIA

BOYNTON BEACH, FL 33437 LAKE WORTH, FL 33467

**Current Mailing Address: New Mailing Address:** 

5709 DESCARTES CIRCLE 7339 VIA LURIA

BOYNTON BEACH, FL 33437 LAKE WORTH, FL 33467

FEI Number: 65-0936261 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GASSER, MARIA B GASSER, MARIA B 5709 DEŚCARTES CIR 7339 VIA LURIA

BOYNTON BEACH, FL 33437 US LAKE WORTH, FL 33467 US

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.

SIGNATURE: 03/25/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: **PSTD** (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Name: GASSER, MARIA B Name: GASSER, MARIA B 5709 DESCARTES CIRCLE 7339 VIA LURIA Address: Address:

City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: LAKE WORTH, FL 33467

Title: VPD () Delete Title: VPD (X) Change ( ) Addition VARON, GERALDINE Name: Name: VARON, GERALDINE

6321 TERRA ROSA CIR Address: 7339 VIA LURIA Address: BOYNTON BEACH, FL 33437 LAKE WORTH, FL 33467 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA GASSER **PSTD** 03/25/2005