


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90052 006 ***150.00

DOCUMENT # P99000066272	
1. Entity Name GASSER INVESTMENT CORP.	

Principal Place of Business 7339 VIA LURIA LAKE WORTH, FL 33467	Mailing Address 7339 VIA LURIA LAKE WORTH, FL 33467
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2. Principal Place of Business - No P.O. Box # 9730-Campi Drive	3. Mailing Address 9730 Campi Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

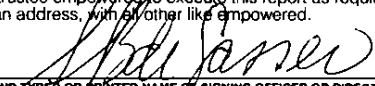
City & State Lake Worth, Florida	City & State Lake Worth, Florida
Zip 33467	Country U.S.A.
Zip 33467	Country U.S.A.

6. Name and Address of Current Registered Agent GASSER, MARIA B 7339 VIA LURIA LAKE WORTH, FL 33467	
7. Name and Address of New Registered Agent Name Maria B. Gasser Street Address (P.O. Box Number is Not Acceptable) 9730 Campi Drive City Lake Worth FL Zip Code 33467	

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 	DATE 3/31/07
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GASSER, MARIA B 7339 VIA LURIA LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VARON, GERALDINE 7339 VIA LURIA LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	DATE 3/31/07 561-968-2929
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

40047871



03302007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0936261

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name **Maria B. Gasser**
Street Address (P.O. Box Number is Not Acceptable)
9730 Campi Drive
City **Lake Worth** **FL** Zip Code **33467**

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