

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000084775**

1. Entity Name  
**G'S TRIA, INC.**



Principal Place of Business  
**1842 S. SEGRAVE ST.  
SOUTH DAYTONA, FL 32119**

Mailing Address  
**1842 S. SEGRAVE ST.  
SOUTH DAYTONA, FL 32119**



01152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3601546</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**CHURCHMAN, RICHARD K CPA  
1255 MASON AVE.  
DAYTONA BEACH, FL 32114**

**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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GULLO, STEPHEN
STREET ADDRESS	1213 ROYAL STREET
CITY - ST - ZIP	PORT ORANGE, FL 32118

TITLE	VP
NAME	GULLO, JOSEPH
STREET ADDRESS	153 MALLARD LANE
CITY - ST - ZIP	DAYTONA BEACH, FL 32119

TITLE	D
NAME	GULLO, SANTO
STREET ADDRESS	6343 PALMAS BAY CIRCLE
CITY - ST - ZIP	PORT ORANGE, FL 32127

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/24/05-80008-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05 (386) 788-7501

Date

Daytime Phone #