FILED
Apr 17, 2008 8:00 am
Secretary of State

03-27-2008 90024 027 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000084775

1. Entity Name
G'S TRIA, INC.

Principal Place of Business	Mailing Address
2800 S NOVA RD BLDG C-4 SOUTH DAYTONA, FL 32119	2800 S NOVA RD BLDG C-4 SOUTH DAYTONA, FL 32119

66006880

02292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3601546

☐ Applied For
☐ Not Applicable

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	GULLO, STEPHEN
STREET ADDRESS	1213 ROYAL STREET
CITY-ST-ZIP	PORT ORANGE, FL 32118
TITLE	S
NAME	IACONS, KATHY
STREET ADDRESS	1418 BREAKS WAY
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	VT
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	

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: Stephen Gullo 4/15/08 (386) 788-2501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #