


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000111303		
1. Entity Name GSW CONSULTING, INC.		
Principal Place of Business GSW CONSULTING, INC. 5131-2 S. FLA. AVE. LAKELAND, FL 33813 US	Mailing Address GSW CONSULTING, INC. 5131-2 S. FLA. AVE. LAKELAND, FL 33813 US	

**FILED**  
**Jul 24, 2008 08:00 AM**  
**Secretary of State**



07192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2726158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  WEINSTEIN, GARY S 4634 HARDEN BLVD. LAKELAND, FL 33813
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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.

U00000956231  
07/24/08-80004-010 150.00

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINSTEIN, GARY 4634 HARDEN BLVD LAKELAND, FL 33813
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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: \_\_\_\_\_

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #