

FILED
Mar 14, 2008 8:00 am
Secretary of State

02-06-2008 90021 024 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S16025 1. Entity Name GNSC ENTERPRISES, INC.		
Principal Place of Business 38567 US HWY 19 N PALM HARBOR, FL 34684		Mailing Address PO BOX 1925 TARPON SPRINGS, FL 34688
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WHELOCK, GARY 38567 U.S. HWY 19 N. PALM HARBOR, FL 34684		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 <u>Gary K. Wheelock</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/25/2008</u>		
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 NAME STREET ADDRESS CITY-ST-ZIP	D WHELOCK, GARY K. PO BOX 1925 TARPON SPRINGS, FL 34688	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHELOCK, NANCY J. PO BOX 1925 TARPON SPRINGS, FL 34688	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Gary K. Wheelock</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>3/10/08</u> DAYTIME PHONE # <u>727 9384210</u>