

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S72561**

1. Entity Name  
**GNS SERVICES, INC.**



Principal Place of Business  
**3722 CLEVELAND AVENUE  
FT. MYERS, FL 33901**

Mailing Address  
**3722 CLEVELAND AVENUE  
FT. MYERS, FL 33901**

**DO NOT WRITE IN THIS SPACE**



03082006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0276344** Applied For  
Not Applicable

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

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

**MORAUSKI, STEPHEN  
3722 CLEVELAND AVENUE  
FT. MYERS, FL 33901**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PS
NAME	MORAUSKI, STEPHEN
STREET ADDRESS	3708 BLUE HERON DR.
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	VP
NAME	MORAUSKI, JENNESE
STREET ADDRESS	3708 BLUE HERON DR.
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	S
NAME	MORAUSKI, JENNESE J
STREET ADDRESS	3708 BLUE HERON DR.
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	T
NAME	MORAUSKI, STEPHEN W
STREET ADDRESS	3708 BLUE HERON DR.
CITY-ST-ZIP	FT MEYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/19/06-80007-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:** *Jennese Morauski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #