


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
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	



03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0276344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U000000701799
04/20/07-80072-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MORAUSKI, STEPHEN 3708 BLUE HERON DR. FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORAUSKI, JENNESE 3708 BLUE HERON DR. FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORAUSKI, JENNESE J 3708 BLUE HERON DR. FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORAUSKI, STEPHEN W 3708 BLUE HERON DR. FT MEYERS, FL 33908
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  Daytime Phone #