


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91037 034 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                             |                                                                                                                        |                                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # V41519</b><br>1. Entity Name<br><b>G.S.E. ENTERPRISES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                             |                                                                                                                        |                                                                 |  |
| Principal Place of Business<br><b>4950 W. KENNEDY BLVD.</b><br><b>104</b><br><b>TAMPA FL 33609</b><br><b>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                             | Mailing Address<br><b>20045 WW. COUNTRY LINE RD</b><br><b>LUTZ FL 33549</b><br><b>US</b>                               |                                                                                                                                                  |  |
| 2. Principal Place of Business<br><b>1411 N. Westshore Blvd</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | 3. Mailing Address<br><br>  |                                                                                                                        |                                                                                                                                                  |  |
| Suite, Apt. #, etc.<br><b>Ste 104</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | Suite, Apt. #, etc.<br><br> |                                                                                                                        |                                                                                                                                                  |  |
| City & State<br><b>Tampa Fl. USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | City & State<br><br>        |                                                                                                                        |                                                                                                                                                  |  |
| Zip<br><b>33607</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>Hillsborough</b>      | Zip<br><br>                 | Country<br><br>                                                                                                        | 4. FEI Number <b>59-3127409</b>                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>EDKINS, GEORGE, III</b><br><b>20045 W. COUNTRY LINE RD</b><br><b>LUTZ FL 33549</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                             |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br><br>City <b>FL</b> Zip Code |  |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                             |                                                                                                                        |                                                                                                                                                  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                  |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                             | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                           |                                                                                                                                                  |  |
| TITLE<br><b>P</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NAME<br><b>EDKINS, GEORGE J III</b> |                             | TITLE<br><br>                                                                                                          | NAME<br><br>                                                                                                                                     |  |
| STREET ADDRESS<br><b>20045 W COUNTY LINE RD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CITY-ST-ZIP<br><b>LUTZ FL 33549</b> |                             | STREET ADDRESS<br><br>                                                                                                 | CITY-ST-ZIP<br><br>                                                                                                                              |  |
| TITLE<br><b>C</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NAME<br><b>SHARON, EDKINS</b>       |                             | TITLE<br><br>                                                                                                          | NAME<br><br>                                                                                                                                     |  |
| STREET ADDRESS<br><b>20045 W COUNTY LINE ROAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CITY-ST-ZIP<br><b>LUTZ FL 33549</b> |                             | STREET ADDRESS<br><br>                                                                                                 | CITY-ST-ZIP<br><br>                                                                                                                              |  |
| TITLE<br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME<br><br>                        |                             | TITLE<br><br>                                                                                                          | NAME<br><br>                                                                                                                                     |  |
| STREET ADDRESS<br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CITY-ST-ZIP<br><br>                 |                             | STREET ADDRESS<br><br>                                                                                                 | CITY-ST-ZIP<br><br>                                                                                                                              |  |
| TITLE<br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME<br><br>                        |                             | TITLE<br><br>                                                                                                          | NAME<br><br>                                                                                                                                     |  |
| STREET ADDRESS<br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CITY-ST-ZIP<br><br>                 |                             | STREET ADDRESS<br><br>                                                                                                 | CITY-ST-ZIP<br><br>                                                                                                                              |  |
| TITLE<br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME<br><br>                        |                             | TITLE<br><br>                                                                                                          | NAME<br><br>                                                                                                                                     |  |
| STREET ADDRESS<br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CITY-ST-ZIP<br><br>                 |                             | STREET ADDRESS<br><br>                                                                                                 | CITY-ST-ZIP<br><br>                                                                                                                              |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |                                     |                             |                                                                                                                        |                                                                                                                                                  |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                             | <b>4-20-04 813-948-7718</b>                                                                                            |                                                                                                                                                  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                             | Date Daytime Phone #                                                                                                   |                                                                                                                                                  |  |