

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 639882

FILED
Mar 24, 2005
Secretary of State

Entity Name: GAIL D. DECROES, INC.

Current Principal Place of Business:

5444 BAY CENTER DRIVE
SUITE 215
TAMPA, FL 33609

New Principal Place of Business:

5412 CRESCENT DRIVE
TAMPA, FL 33611

Current Mailing Address:

5444 BAY CENTER DRIVE
SUITE 215
TAMPA, FL 33609

New Mailing Address:

5412 CRESCENT DRIVE
TAMPA, FL 33611

FEI Number: 59-1941117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECROES, GAIL D PRES
5444 BAY CENTER DR
SUITE 215
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

DECROES, GAIL D PRES
5412 CRESCENT DRIVE
TAMPA, FL 33611 US

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.

SIGNATURE: GAIL D.DECROES

03/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DECROES, GAIL D PRES
Address: 5444 BAY CENTER DR. # 215
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DECROES, GAIL D PRES
Address: 5412 CRESCENT DRIVE
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL DECROES

PRES

03/24/2005

Electronic Signature of Signing Officer or Director

Date