


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05767</b>					
1. Entity Name <b>S. GAGER INDUSTRIES, INC.</b>					
Principal Place of Business <b>C/O J. QUINTON RUMPH 11436 PHILLIPS HWY JACKSONVILLE FL 32256-1636</b>			Mailing Address <b>C/O J. QUINTON RUMPH 11436 PHILLIPS HWY JACKSONVILLE FL 32256-1636</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2040980</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RUMPH, J. QUINTON 11436 PHILLIPS HWY JACKSONVILLE FL</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 re-stating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GAGER, FOREST</b>		NAME	<b>UN0000467910</b> <b>03/24/06-80010-013 150.00</b>	
STREET ADDRESS	<b>11436 PHILLIPS HWY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>		CITY-ST-ZIP		
TITLE	<b>TD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GAGER, LINDA D</b>		NAME		
STREET ADDRESS	<b>11436 PHILLIPS HWY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>		CITY-ST-ZIP		
TITLE	<b>C</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GAGER, LAWRENCE J JR</b>		NAME		
STREET ADDRESS	<b>11436 PHILLIPS HWY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GAGER, GEORGE B</b>		NAME		
STREET ADDRESS	<b>11436 PHILLIPS HWY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Forest Gager* **FOREST GAGER** 3-15-06 9042686727