


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # F05767 1. Entity Name S. GAGER INDUSTRIES, INC. |  |
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| Principal Place of Business C/O J. QUINTON RUMPH 11436 PHILLIPS HWY JACKSONVILLE FL 32256-1636 | Mailing Address C/O J. QUINTON RUMPH 11436 PHILLIPS HWY JACKSONVILLE FL 32256-1636 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E034 (10/07)

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|--------------------------------------|--------------------------------------|
| City & State Zip Country | City & State Zip Country |
|--------------------------------------|--------------------------------------|

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| 4. FEI Number 59-2040980 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent RUMPH, J. QUINTON 11436 PHILLIPS HWY JACKSONVILLE FL | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____

Signature, typed or printed name of registered agent and date of signature. (NOTE: Registered Agent's signature required when constituting.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | P <input type="checkbox"/> Delete GAGER, FOREST STREET ADDRESS 11436 PHILLIPS HWY CITY-ST-ZIP JACKSONVILLE, FL 00000 |
| TITLE | TD <input type="checkbox"/> Delete GAGER, LINDA D STREET ADDRESS 11436 PHILLIPS HWY CITY-ST-ZIP JACKSONVILLE, FL 00000 |
| TITLE | C <input type="checkbox"/> Delete GAGER, LAWRENCE J JR STREET ADDRESS 11436 PHILLIPS HWY CITY-ST-ZIP JACKSONVILLE, FL 00000 |
| TITLE | VP <input type="checkbox"/> Delete GAGER, GEORGE B STREET ADDRESS 11436 PHILLIPS HWY CITY-ST-ZIP JACKSONVILLE FL |
| TITLE | <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition UN00000855830 03/27/08-80068-002 150.00 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR