

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000115843

FILED
Oct 03, 2005
Secretary of State

Entity Name: DAVID E. GONZALES CORPORATION (FL)

Current Principal Place of Business:

8016 ACORN RIDGE RD.
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

P.O. BOX 551018
JACKSONVILLE, FL 32255

FEI Number: 20-0334224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT RD., BLDG. 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

GONZALES, DAVID E
8016 ACORN RIDGE ROAD
JACKSONVILLE, FL 32256 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: DAVID E. GONZALES

10/03/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GONZALES, DAVID E
Address: 8016 ACORN RIDGE RD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: ST () Delete
Name: GONZALES, MARY
Address: 8016 ACORN RIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARY GONZALES

ST

10/03/2005

Electronic Signature of Signing Officer or Director

Date