


**-2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000050590**

1. Entity Name  
**GAYCO, INC.**



Principal Place of Business      Mailing Address

**563 CANAL ROAD**      **P.O. BOX 696**  
**PONTE VEDRA BEACH, FL 32082**      **PONTE VEDRA BEACH, FL 32004-0696**



01182006    No Chg-P    CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3328965</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**BARTLETTE, ESQ., BARON**  
**135 PROFESSIONAL DR**  
**STE 101**  
**PONTE VEDRA BEACH, FL 32082**

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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 title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>1000000472412</b> <b>03/29/06-80035-019 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GAY, LINDA E</b> <b>563 CANAL ROAD</b> <b>PONTE VEDRA BEACH, FL 32082</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GAY, ALPHA A</b> <b>563 CANAL RD</b> <b>PONTE VEDRA BEACH, FL 32082</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Linda E Gay      03/15/06      904 285-4699  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #