## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 266102** 

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAMPA, FL 33610

GATLIN, ALAN D.,

1505 E COMANCHE

TAMPA, FL 33610

() Delete

FILED Mar 21, 2006 Secretary of State

Entity Nar	ne: GATLI	N'S GO FOR CAS	SH, INC.			•	
Current Principal Place of Business:				New Principal Place of Business:			
GATLIN'S ( 2705-E HA TAMPA, FL	NNA AVE.	SH, INC. US					
Current Mailing Address:				New Mailing Address:			
1501 E. CC TAMPA, FL	MANCHE : 33610	AVE					
FEI Number:	59-1058326	FEI Number A	pplied For() FEI Nu	umber Not Appl	icable ( )	Certificate of Status Des	ired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GATLIN SF 1501 E CO TAMPA, FL	MANCHE A	AVE US					
The above in the State		ty submits this sta	atement for the purpose	of changing i	ts registere	d office or registered ager	nt, or both,
SIGNATUR	RE:						
	Elect	ronic Signature of	f Registered Agent			Date	
Election Can	npaign Finan	cing Trust Fund Cor	ntribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD GATLIN SR, 1501 E CON TAMPA, FL	//ANCH E AVE.		Title: Name: Address: City-St-Zip:	PD GATLIN SR, 1501 E CON TAMPA, FL	/ANCHE AVE.	
Title: Name: Address: City-St-Zip:	V GATLIN,C E 6102 IKE SI PLANT CITY	MITH RD N		Title: Name: Address: City-St-Zip:	V GATLIN,ALA 1505 E CON TAMPA, FL	MANCHE AVE	
Title: Name: Address:	ST GATLIN,GR 1501 E COM	()Delete ACIE L, //ANCHE AVE		Title: Name: Address:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CLYDE E. GATLIN PD 03/21/2006

(X) Change ( ) Addition

GATLIN, C ELMON,

6102 IKE SMITH RD N

PLANT CITY, FL 33565