

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-06-2006 90071 009 ***150.00

DOCUMENT # 469756

1. Entity Name
GORDON ASTLE & ASSOCIATES, INC.



Principal Place of Business
**739 INDUSTRY ROAD
SUITE 111
LONGWOOD FL 32750
US**

Mailing Address
**1230 OXBOW LANE
WINTER SPRINGS FL 32708**

00006637



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
739 Industry Road
Suite, Apt. #, etc.
Suite 111
City & State
Longwood, FL 32750
Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-2008455**

Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ASTLE, GORDON S
1230 OXBOW LANE
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 *[Signature]* DATE *1/18/2006*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASTLE, GORDON S 1230 OXBOW LANE WINTER SPGS, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* DATE *2/21/2006* TELEPHONE *407-339-6800*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT

66002257

ATTACHMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2006

GORDON ASTLE & ASSOCIATES, INC.
739 INDUSTRY RD
SUITE 11
LONGWOOD, FL 32750

Subject: **GORDON ASTLE & ASSOCIATES, INC.**

Reference Number:

469756

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION