

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 483152

1. Entity Name
GAIN, INC.



Principal Place of Business
**3314 NW 52ND PLACE
GAINESVILLE, FL 32605 US**

Mailing Address
**12200 BROAD RIVER RD
LITTLE MOUNTAIN, SC 29075 US**



02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1632901

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WASHINGTON, NELL R
206 W ORANGE ST
APT 19
DAVENPORT, FL 33837**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	WASHINGTON, NELL R.
STREET ADDRESS	206 W ORANGE ST APT 19
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	SD
NAME	WASHINGTON, ANN
STREET ADDRESS	3314 NW 52ND PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	DP
NAME	WASHINGTON, ROBERT JR.
STREET ADDRESS	434 BYNUM ACRES DR
CITY-ST-ZIP	ANNISTON, AL 36201
TITLE	DT
NAME	WASHINGTON, PETER
STREET ADDRESS	12200 BROAD RIVER RD
CITY-ST-ZIP	LITTLE MTN, SC 29075
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/24/05-80014-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Peter Washington **Peter Washington** 3/21/2005 803 214-2315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #