

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**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**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1632901**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000552788  
05/15/06-80025-013 150.00

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/2006 (863) 216-2315**  
Date Daytime Phone #