

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 629353

1. Entity Name

GEMINI ENERGY, INC.



**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business

2906 N.E. 19TH DRIVE  
GAINESVILLE, FL 32609 US

Mailing Address

2906 N.E. 19TH DRIVE  
GAINESVILLE, FL 32609 US



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1922278

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**

MAYS, DAVID L.  
2906 N.E. 19 DR.  
GAINESVILLE FL, FL 32609

**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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MAYS, DAVID L.
STREET ADDRESS	2906 NE 19TH DRIVE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	VP
NAME	WAGONER, MARK W
STREET ADDRESS	7681 KAIBAB AVENUE
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000558479  
05/17/06-80095-010 158.75

**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:

*David L. Mays*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 April 2006

352-372-7617

Daytime Phone #