## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 04, 2007 8:00 am Secretary of State **DOCUMENT # 629353** 05-04-2007 90069 009 \*\*\*150.00 GEMINI ENERGY, INC. Principal Place of Business Mailing Address 2906 N.E. 19TH DRIVE GAINESVILLE FL 32609 2906 N.E. 19TH DRIVE GAINESVILLE FL 32609 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2905 N.E. 19th Dine Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Cilv & State Applied For 4. FEI Number 59-1922278 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAYS, DAVID L. Street Address (P.O. Box Number is Not Acceptable) 2906 N.E. 19 DR. GAINESVILLE FL FL 32609 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. | am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Mays, David L-13703 Milhopper Rd. THILE ☐ Defete MLE ☐ Addition MAYS, DAVID L. NAM NAMI 2906 NE 19TH DRIVE STREET ADDRESS STREET ADDRESS Gainesville, FL GAINESVILLE FL 32653 CITY-ST-ZIP CITY ST-7IP Change HILE Delete Addition WAGONER, MARK W NAMI NAMi 7681 KAIBAB AVENUE STREET ADDRESS STREET ADDRESS KEYSTONE HEIGHTS FL 32656 CITY - ST - ZIP CITY ST-ZIP [ ] Change Lu Defete mu Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-S1-ZIP Delete Change Addition NAMI STREET ADDRESS STREET ADDRESS CUY ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete IIII! HHI NAME NAMI STREET ADDRESS STREET ADDRESS CITY: \$1-7IP CHY-ST-7IP ☐ Change ☐ Addition Delcte щи NAMI NAM STREET ADDRESS STRUE LADORESS CITY-ST-ZIP CITY ST-7IP 12. Thereby 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 eath; 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

**FILED**