

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # 629353

1. Entity Name
GEMINI ENERGY, INC.



Principal Place of Business
2905 N.E. 19TH DRIVE
GAINESVILLE, FL 32609 US

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



03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1922278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAYS, DAVID L.
STREET ADDRESS	13703 MILLHOPPER RD.
CITY - ST - ZIP	GAINESVILLE, FL 32653
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	

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04/17/08-80050-020 150.00

**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

Date _____ Daytime Phone # _____