


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90057 027 ***150.00

DOCUMENT # 645384 1. Entity Name GALE'S BODY SHOP, INC.	
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Principal Place of Business 1625 NORTH GARFIELD AVENUE DELAND FL 32724	Mailing Address 1625 NORTH GARFIELD AVENUE DELAND FL 32724
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-1961216		Applied For
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
SANDERS, NORMAN GALE 3650 GRAND AVENUE GLENWOOD FL 32722		Name NORMAN GALE SANDERS Street Address (P.O. Box Number is Not Acceptable) 3652 GRAND AVE City GLENWOOD FL Zip Code 32722

B. 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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	SANDERS, NORMAN G 3652 GRAND AVE GLENWOOD FL 32722-0108	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST <input type="checkbox"/> Delete	SANDERS, JUDY L 3652 GRAND AVE GLENWOOD FL 32722-0108	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby 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 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: *Norman G. Sanders* **NORMAN GALE SANDERS** *2/2/2006* *386-736-3912*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #