

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 645384 |  |
| 1. Entity Name GALE'S BODY SHOP, INC. | |

| | |
|--|--|
| Principal Place of Business 1625 NORTH GARFIELD AVENUE DELAND FL 32724 | Mailing Address 1625 NORTH GARFIELD AVENUE DELAND FL 32724 |
|--|--|



| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E034 (10/07)

| | |
|---|--|
| 4. FEI Number 59-1961216 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| SANDERS, NORMAN GALE 3652 GRAND AVENUE GLENWOOD FL 32722 | |

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE P <input type="checkbox"/> Delete | NAME SANDERS, NORMAN G |
| STREET ADDRESS 3652 GRAND AVE | CITY-ST-ZIP GLENWOOD FL 32722-0108 |
| TITLE ST <input type="checkbox"/> Delete | NAME SANDERS, JUDY L |
| STREET ADDRESS 3652 GRAND AVE | CITY-ST-ZIP GLENWOOD FL 32722-0108 |
| TITLE <input type="checkbox"/> Delete | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Delete | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Delete | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> Delete | NAME |
| STREET ADDRESS | CITY-ST-ZIP |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 000000914012 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 02/13/08-80027-011 150.00 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Judy Sanders* **JUDY SANDERS** 1/31/08 3867360787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #