

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 645384

Entity Name: GALE'S BODY SHOP, INC.

FILED
Feb 20, 2009
Secretary of State

Current Principal Place of Business:

1625 NORTH GARFIELD AVENUE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

1625 NORTH GARFIELD AVENUE
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-1961216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, NORMAN GALE
3652 GRAND AVENUE
GLENWOOD, FL 32722 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANDERS, NORMAN G
Address: 3652 GRAND AVE
City-St-Zip: GLENWOOD, FL 327220108

Title: ST () Delete
Name: SANDERS, JUDY L
Address: 3652 GRAND AVE
City-St-Zip: GLENWOOD, FL 327220108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN GALE SANDERS

PRES

02/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date