

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 645384

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** GALE'S BODY SHOP, INC.

**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: NORMAN GALE SANDERS

P

01/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date