

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732535

FILED
Sep 08, 2009
Secretary of State

Entity Name: THE GENTS, INC.

Current Principal Place of Business:

1411 FOUNTAIN AVENUE
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

1411 FOUNTAIN AVENUE
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 59-2147522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALKER, JOHNNY
1503 DUNNETT CT
LYNN HAVEN, FL 32444 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 () Delete
Name: BARNES, LINWARD
Address: 515 MAINE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: VD () Delete
Name: WHITE, ALONZO JR
Address: 815 MERCEDES AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: TD () Delete
Name: WALKER, JOHNNY
Address: 1503 DUNNETT COURT
City-St-Zip: LYNN HAVEN, FL 32444

Title: S () Delete
Name: JORDAN, JOHNNY
Address: 813 WILSON AVENUE
City-St-Zip: PANAMA CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNY WALKER

RA

09/08/2009

Electronic Signature of Signing Officer or Director

_____ Date