

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90033 040 ***150.00

DOCUMENT # F0000007232

1. Entity Name
GAYLOR GROUP, INC.



Principal Place of Business: 11711 N. COLLEGE AVE., SUITE 150, CARMEL, IN 46032
 Mailing Address: 11711 N. COLLEGE AVE., SUITE 150, CARMEL, IN 46032

50034761



01192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 35-1636909	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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 signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSCD NAME: GAYLOR, JOHN C STREET ADDRESS: 524 CEDAR LAKE COURT CITY-ST-ZIP: CARMEL, IN 46032	<input type="checkbox"/> Delete	TITLE: PSCD NAME: John C. Gaylor STREET ADDRESS: 11711 N. College Avenue Suite 150 CITY-ST-ZIP: Carmel, IN 46032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: GAYLOR, JOHN C STREET ADDRESS: 524 CEDAR LAKE COURT CITY-ST-ZIP: CARMEL, IN 46032	<input type="checkbox"/> Delete	TITLE: T NAME: John C. Gaylor STREET ADDRESS: 11711 N College Avenue Suite 150 CITY-ST-ZIP: Carmel, IN 46032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GAYLOR, VALERIE A STREET ADDRESS: 524 CEDAR LAKE COURT CITY-ST-ZIP: CARMEL, IN 46032	<input type="checkbox"/> Delete	TITLE: D NAME: Valerie A Gaylor STREET ADDRESS: 1171 N College Avenue Suite 150 CITY-ST-ZIP: Carmel, IN 46032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PHILLIPS, BARBARA STREET ADDRESS: 11969 WATERFORD LANE CITY-ST-ZIP: CARMEL, IN 46033	<input type="checkbox"/> Delete	TITLE: D NAME: Barbara Phillips STREET ADDRESS: 11711 N College Avenue Suite 150 CITY-ST-ZIP: Carmel, IN 46032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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MAR 29 2005

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John C. Gaylor **John C. Gaylor - President (317)843-0577**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #