## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000001322

KELLEY, PETER

CARMEL, IN 46032

11711 NORTH COLLEGE AVENUE, SUITE 150

Name:

Address:

City-St-Zip:

Entity Name: GAYLOR, INC.

FILED Feb 21, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11711 NORTH COLLEGE AVENUE SUITE 150 CARMEL, IN 46032 **Current Mailing Address: New Mailing Address:** 11711 NORTH COLLEGE AVENUE SUITE 150 CARMEL, IN 46032 FEI Number: 20-3727689 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition GAYLOR, JOHN C Name: Name: 11711 NORTH COLLEGE AVENUE, SUITE 150 Address: Address: City-St-Zip: CARMEL, IN 46032 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: WHITE, ROGER Name: 11711 NORTH COLLEGE AVENUE, SUITE 150 Address: Address: CARMEL, IN 46032 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition SELBO, TERESA Name: Name: 11711 NORTH COLLEGE AVENUE, SUITE 150 Address: Address: City-St-Zip: CARMEL, IN 46032 City-St-Zip: Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: PETER KELLEY T 02/21/2007