

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F42832

1. Entity Name
GEMINI WAREHOUSE, INC.



Principal Place of Business

**8535 POSEY RD.
JACKSONVILLE, FL 32220**

Mailing Address

**8535 POSEY RD.
JACKSONVILLE, FL 32220**

DO NOT WRITE IN THIS SPACE



03272006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-2143141

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, RALPH J
8535 POSEY RD
JACKSONVILLE, FL 32220**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE	POTS
NAME	MARTINEZ, PATRICIA C.
STREET ADDRESS	8535 POSEY RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32220
TITLE	VPD
NAME	MARTINEZ, RALPH J.
STREET ADDRESS	8535 POSEY RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32220
TITLE	VP
NAME	DELIK, COLLEEN E
STREET ADDRESS	8535 POSEY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32220
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80002-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Patricia C. Martinez Patricia C. Martinez

Date

Daytime Phone #