2006 FOR PROFIT CORPORATION _ANNUAL_REPORT_(AR)

Mar 30, 2006 8:00 am Secretary of State DOCUMENT # F94000001283 1. Entity Name 03-30-2006 90032 043 ***150.00 GANGLER'S FLY-IN LODGES AND OTUPOSTS PLUS, INC. Principal Place of Business Mailing Address 1568 E. WEDGEWOOD LANE HERNANDO FL 34442 1568 E. WEDGEWOOD LANE HERNANDO FL 34442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State Applied For 4. FEI Number 36-3416457 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kenneth C GANGLER, WAYNE H Street Address (P.O. Box Number is Not Acceptable) 1568 E. WEDGEWOOD LANE HERNANDO FL 34442 Zip Code 3 4476 Deala 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 register (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$450.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. <u>P</u>4 TITLE DP TITLE Change **Addition** 🔀 Delete Kenneth C NAME GANGLER, WAYNE H NAME Gangler STREET ADDRESS 1568 E. WEDGEWOOD LANE STREET ADDRESS 76th lane 2133 SM Ocala FL 34476 CITY-ST-ZIP HERNANDO FL 34442 CITY-ST-7IP DST 2 Delete TITLE DST TITLE ☐ Change ✓ Addition Mishelle NAME GANGLER, GERALDINE NAME Rargler Sw 76th Lane STREET ADDRESS 2133 STREET ADDRESS 1568 E. WEDGEWOOD LANE Deala CITY-ST-ZIP HERNANDO FL 34442 CITY-ST-ZIP 34476 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE THE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP THTLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7P CITY-ST-7/P 12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Section 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 AND TWOSE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: _

FILED