

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F99000005495

1. Entity Name
GAYLEAN DEVELOPMENT, INC.



FILED

05 MAY 16 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
222 LAKEVIEW AVENUE, PENTHOUSE 5
WEST PALM BEACH, FL 33401

Mailing Address
222 LAKEVIEW AVENUE, PENTHOUSE 5
WEST PALM BEACH, FL 33401



2. Principal Place of Business

3720 S Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

Zip
33401

Country
USA

City & State

Zip

Country

04292005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3312362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, CARLOS
222 LAKEVIEW AVE.
PH5
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
Joel P. Koepfel, Esquire

Street Address (P.O. Box Number is Not Acceptable)
525 South Flagler Drive

Suite 200

City
West Palm Beach

FL

Zip Code
33401

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

5/4/05

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDPT
MORRISON, CARLOS
222 LAKEVIEW AVENUE, PENTHOUSE 5
WEST PALM BEACH, FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600055377899 ☐ Change ☐ Addition
05/26/05--01062--010 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Carlos G. Morrison

CARLOS G. MORRISON

5-8-2005

561-8326070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #