

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G08697

Entity Name: GAYLE ENTERPRISES INC.

FILED
Oct 19, 2009
Secretary of State

Current Principal Place of Business:

1706 E. SEMORAN BLVD
113
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 915664
LONGWOOD, FL 32791 US

New Mailing Address:

FEI Number: 59-2235526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLAND, EDWIN
236 NOB HILL CIRCLE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLLAND, EDWIN L PRES
Address: 236 NOB HILL CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: V () Delete
Name: HOLLAND, GAYLE M VPRES
Address: 236 NOB HILL CIRCLE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: HOLLAND, EDWIN VPRES
Address: 236 NOB HILL CIRCLE
City-St-Zip: LONGWOOD, FL 32779

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

SIGNATURE: EDWIN HOLLQAND

PRES

10/19/2009

Electronic Signature of Signing Officer or Director

Date