

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006 8:00 am
Secretary of State

01-06-2006 90001 011 ***150.00

DOCUMENT # G46661	
1. Entity Name GAILIND, INC.	

Principal Place of Business 2110 WEST 23D STREET STE. D PANAMA CITY, FL 32405	Mailing Address P.O. BOX 15441 PANAMA CITY, FL 32406-5441 US
---	--

60000160



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01032006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2315572		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELSASSER, JOHN ALLEN 2110 WEST 23D STREET STE. D PANAMA CITY, FL 32405		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--	--	--

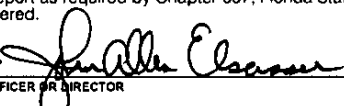
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMALLWOOD, JIM L 2110 WEST 23RD ST., STE D PANAMA CITY, FL 32405 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burgans, Gena 2908 Tupelo Drive Panama City, FL 32405 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPDS ELSASSER, JOHN A PO BOX 15441 PANAMA CITY, FL 32406 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aycock, Susan 7 Lacebark Lane Elgin, SC 29045 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McIntosh, Gailind P.O. Box 3995 Johnson City, TN 37602 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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: John Allen Elsasser, Pres.  1/03/06 (850) 233-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Ext 240