


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90098 046 \*\*\*158.75

**DOCUMENT # G89230**

1. Entity Name  
**GAINER BROTHERS, INC.**



Principal Place of Business      Mailing Address  
**438 BROXTON HIGHWAY**      **P.O. BOX 1269**  
**HAZLEHURST, GA 31539 US**      **HAZLEHURST, GA 31539 US**

**50011505**



2. Principal Place of Business      3. Mailing Address  
**190 LUMBER CITY HWY.**      **P.O. BOX 1269**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**C/O OCMULGEE TRACTOR CO.**

02032005      Chg-P      CR2E034 (10/03)

City & State      City & State      4. FEI Number      Applied For  
**HAZLEHURST GA**      **HAZLEHURST GA**      **59-2408357**      Not Applicable  
 Zip      Country      Zip      Country  
**31539 USA**      **31539 USA**

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MOORE, J. RICHARD, JR.**  
**500 NORTH OCEAN STREET**  
**JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent  
 Name      **MOORE, J. RICHARD JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3127 ATLANTIC BLVD.**  
 City      **JACKSONVILLE**      FL      Zip Code      **32207-8813**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	S	<input type="checkbox"/> Delete
NAME	KIRKLAND, NANCY	
STREET ADDRESS	1152 ALTAMAHA RD	
CITY-ST-ZIP	HAZLEHURST, GA 31539	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GAINER, R. MAX, JR.	
STREET ADDRESS	P O BOX 1269	
CITY-ST-ZIP	HAZLEHURST, GA 31539	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GAINER, GEORGE	
STREET ADDRESS	94 GAINER FARM RD	
CITY-ST-ZIP	HAZLEHURST, GA 31539	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GAINER, HENRY GRANT	
STREET ADDRESS	201 BROOKER TRAIL	
CITY-ST-ZIP	HAZLEHURST, GA 31539	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **H. G. GAINER, PRESIDENT**      2/3/05      (912) 375-3921  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Current Phone #