


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90020 003 ***150.00

DOCUMENT # H65058 1. Entity Name GATTLE'S, INC.			
Principal Place of Business 1250 3RD ST S NAPLES, FL 33940 US		Mailing Address 2455 E SUNRISE BLVD #610 FT. LAUDERDALE, FL 33304 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 8927 HYPOLUXO ROAD A-4 #360 City & State LAKE WORTH FL Zip Country 33467-5249 USA	
4. FEI Number 59-0951501		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01232006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent GATTLE, THOMAS M. 14077 PARADISE PORT ROAD JUNO BEACH, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 810 SATURN STREET SUITE 16 #361 City State Zip Code JUPITER FL 33477-4456	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD GATTLE, THOMAS M. 14077 PARADISE PORT RD JUNO, FL	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	V GATTLE, CONSTANCE 14077 PARADISE PORT ROAD JUNO, FL	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VAS CECIL, LEE ANN 1025 EGRETS WALK CIRCLE #102 NAPLES, FL	<input type="checkbox"/> Delete	
NAME			
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TITLE		<input type="checkbox"/> Delete	
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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 I am empowered.			
SIGNATURE: <u>Thomas M. Gattle</u> THOMAS M. GATTLE 3/27/06 561 432 8693 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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