


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # H65058		
1. Entity Name GATTLE'S, INC.		
Principal Place of Business 1250 3RD ST S NAPLES, FL 33940 US	Mailing Address 8927 HYPOLUXO RD A-4 #360 LAKE WORTH, FL 33467-5249 US	



03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0951501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GATTLE, THOMAS M. 810 SATURN ST SUITE 16 #361 JUPITER, FL 33477-4456	DO NOT WRITE IN THIS SPACE
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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, 2008 Fee will be \$550.00

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

U000000881736
04/16/08-80012-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GATTLE, THOMAS M. 810 SATURN ST SUITE # 16-361 JUPITER, FL 334774456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GATTLE, CONSTANCE 810 SATURN ST SUITE 16-361 JUPITER, FL 334774456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CECIL, LEE ANN 1025 EGRETS WALK CIRCLE #102 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Thomas M. Gattle **THOMAS M. GATTLE** 4/2/08 561 432 8693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #