

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H65058

Entity Name: GATTLE'S, INC.

FILED  
Mar 15, 2009  
Secretary of State

## Current Principal Place of Business:

1250 3RD ST S  
NAPLES, FL 33940 US

## New Principal Place of Business:

## Current Mailing Address:

8927 HYPOLUXO RD  
A-4 #360  
LAKE WORTH, FL 334675249 US

## New Mailing Address:

FEI Number: 59-0951501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GATTLE, THOMAS M.  
810 SATURN ST  
SUITE 16 #361  
JUPITER, FL 334774456 US

## Name and Address of New Registered Agent:

GATTLE, THOMAS M.  
7120 LEMURIA CIRCLE  
#501  
NAPLES, FL 34109 US

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:

03/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: GATTLE, THOMAS M.,  
Address: 810 SATURN ST SUITE # 16-361  
City-St-Zip: JUPITER, FL 334774456

Title: V ( ) Delete  
Name: GATTLE, CONSTANCE  
Address: 810 SATURN ST SUITE 16-361  
City-St-Zip: JUPITER, FL 334774456

Title: VAS ( ) Delete  
Name: CECIL, LEE ANN,  
Address: 1025 EGRETS WALK CIRCLE #102  
City-St-Zip: NAPLES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: GATTLE, THOMAS M.,  
Address: 7120 LEMURIA CIRCLE #501  
City-St-Zip: NAPLES, FL 34109 US

Title: V (X) Change ( ) Addition  
Name: GATTLE, CONSTANCE  
Address: 7120 LEMURIA CIRCLE #501  
City-St-Zip: NAPLES, FL 34109 US

Title: VAS (X) Change ( ) Addition  
Name: CECIL, LEE ANN,  
Address: 1025 EGRETS WALK CIRCLE #102  
City-St-Zip: NAPLES, FL 34108 US

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: THOMAS M. GATTLE

PRES

03/15/2009

Electronic Signature of Signing Officer or Director

Date