2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00
Secretary of State

DOCUMENT # J46722

1. Entity Name
GAINESVILLE FIVE PARTNERS, INC.

Principal Place of Business	Mailing Address
4949 SOUTHFORK DRIVE LAKELAND, FL 33813 US	4949 SOUTHFORK DRIVE LAKELAND, FL 33813 US

DO NOT WRITE IN THIS SPACE

03162006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2781083

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUDGINS, ROBERT H
4949 SOUTHFORK DR.
LAKELAND, FL 33813

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6. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE	PD
NAME	HUDGINS, ROBERT
STREET ADDRESS	4949 SOUTHFORK DR.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	VTAS
NAME	HUDGINS, JEAN A
STREET ADDRESS	4949 SOUTHFORK DR.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	SAT
NAME	FELBERG, TIFFANY H
STREET ADDRESS	4949 SOUTHFORK DR.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	VAS
NAME	ROSS, KIMBALL K
STREET ADDRESS	1 OCEANS WEST BLVD #5-B3
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/31/06-80013-001 150.00

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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 like empowered.

SIGNATURE: Jean A. Hudgins Jean A. Hudgins 3-16 06 863-607-9445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #