


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # J46722 1. Entity Name GAINESVILLE FIVE PARTNERS, INC.	
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Principal Place of Business 4949 SOUTHFORK DRIVE LAKELAND, FL 33813 US	Mailing Address 4949 SOUTHFORK DRIVE LAKELAND, FL 33813 US
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2781083	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDGINS, ROBERT 4949 SOUTHFORK DR. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS HUDGINS, JEAN A 4949 SOUTHFORK DR. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAT HUDGINS, TIFFANY K 4949 SOUTHFORK DR. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS ROSS, KIMBALL K 1 OCEANS WEST BLVD #8-B3 DAYTONA BEACH, FL 32118
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: *Jean A. Hudgins* *Jean A. Hudgins* 1-17-08 863-607-9445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #