

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J46722

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: GAINESVILLE FIVE PARTNERS, INC.

## Current Principal Place of Business:

4949 SOUTHFORK DRIVE  
LAKELAND, FL 33813 US

## New Principal Place of Business:

725 CRESCENT HILLS DRIVE  
LAKELAND, FL 33813 US

## Current Mailing Address:

4949 SOUTHFORK DRIVE  
LAKELAND, FL 33813 US

## New Mailing Address:

P.O. BOX 5386  
LAKELAND, FL 33807 US

FEI Number: 59-2781083

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

HUDGINS, ROBERT H  
725 CRESCENT HILLS DRIVE  
LAKELAND, FL 33813 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: ROBERT H. HUDGINS

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HUDGINS, ROBERT  
Address: 4949 SOUTHFORK DR.  
City-St-Zip: LAKELAND, FL 33813

Title: VTAS ( ) Delete  
Name: HUDGINS, JEAN A  
Address: 4949 SOUTHFORK DR.  
City-St-Zip: LAKELAND, FL 33813

Title: SAT ( ) Delete  
Name: HUDGINS, TIFFANY K  
Address: 4949 SOUTHFORK DR.  
City-St-Zip: LAKELAND, FL 33813

Title: VAS ( ) Delete  
Name: ROSS, KIMBALL K  
Address: 1 OCEANS WEST BLVD #8-B3  
City-St-Zip: DAYTONA BEACH, FL 32118

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HUDGINS, ROBERT  
Address: 725 CRESCENT HILLS DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: VTAS (X) Change ( ) Addition  
Name: HUDGINS, JEAN A  
Address: 725 CRESCENT HILLS DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: SAT (X) Change ( ) Addition  
Name: HUDGINS, TIFFANY K  
Address: 725 CRESCENT HILLS DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT H. HUDGINS

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date