

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K57665

Entity Name: GAIL LECRANN, INC.

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

3415 E SILVER SPRINGS BLVD  
OCALA, FL 34470 US

## **New Principal Place of Business:**

425 POVERTY BRANCH ROAD  
BARNARDSVILLE, NC 28709 US

## **Current Mailing Address:**

107 NE 1ST AVE  
OCALA, FL 34470 US

## **New Mailing Address:**

425 POVERTY BRANCH ROAD  
BARNARDSVILLE, NC 28709 US

FEI Number: 59-2928504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

LECRANN, GAIL  
3415 E SILVER SPRINGS BLVD  
OCALA, FL 34470 US

## **Name and Address of New Registered Agent:**

CHENETTE, MARY A  
3415 EAST SILVER SPRINGS BLVD.  
OCALA, FL 34470 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: MARY A. CHENETTE

01/28/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PRES  
Name: LECRANN, GAIL  
Address: 425 POVERTY BRANCH ROAD  
City-St-Zip: BARNARDSVILLE, NC 28709

I hereby 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 all other like empowered.

SIGNATURE: GAIL LECRANN

PRES

01/28/2011

Electronic Signature of Signing Officer or Director

Date