


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90269 013 ***138.75

DOCUMENT # L07000010037	
1. Entity Name GALE FORCE WEB PROS, LLC	

Principal Place of Business 2580 SCOTT MILL DRIVE SOUTH JACKSONVILLE, FL 32223 US	Mailing Address 2580 SCOTT MILL DRIVE SOUTH JACKSONVILLE, FL 32223 US
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60018364



2. Principal Place of Business - No P.O. Box # 2865 PLUMMER COVE RD	3. Mailing Address 2865 PLUMMER COVE RD
Suite, Apt. #, etc. STE 3	Suite, Apt. #, etc. STE 3
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32223	Zip 32223
Country USA	Country USA

03272008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent HEAD, JAMES D 2580 SCOTT MILL DRIVE SOUTH JACKSONVILLE, FL 32223	7. Name and Address of New Registered Agent Name N I A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

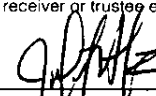
SIGNATURE  DATE **03/27/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEAD, JAMES D 2580 SCOTT MILL DRIVE SOUTH JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE **03/27/08** 904-738-8768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE