## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 29, 2006 8:00 am Secretary of State 03-29-2006 90126 017 \*\*\*150.00 **DOCUMENT # M67906** 1. Entity Name THE GABLES OF MT. DORA, INC. 40044310 Principal Place of Business Mailing Address 322 ALEXANDER STREET 322 ALEXANDER STREET MT. DORA, FL 32757 MT. DORA, FL 32757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-2870496 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAYNE, EDGAR 1660 MOUNTCLAIR CT Street Address (P.O. Box Number is Not Acceptable) MT. DORA, FL 32757 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PAYNE, EDGAR NAME STREET ADDRESS 1660 MOUNTCLAIR CT STREET ADDRESS MT. DORA, FL 32757 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE Deleta TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not indicated on this report or supplied mental report is true and accurate of the corporation or the record of the corporation or the record of the corporation or the record of the corporation of the record of th the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information y signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attac

SIGNATURE:

**FILED**