


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90407 028 ***150.00

DOCUMENT # P0000025177

1. Entity Name
GAYLORD ENTERPRISES, INC.



Principal Place of Business
**51 EUCLID AVE
 ENGLEWOOD, FL 34223**

Mailing Address
**51 EUCLID AVE
 ENGLEWOOD, FL 34223**

2. Principal Place of Business
1057 Cassia St

3. Mailing Address
1057 Cassia St.


Suite, Apt. #, etc.

City & State
North Port FLA

City & State
North Port FLA

Zip
34286

Country
Sarg.sotg



04032006 Chg-P CR2E034 (11/05)

4. FEI Number
APPLIED FOR

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GAYLORD, BARRY B
 51 EUCLID AVE
 ENGLEWOOD, FL 34223**

7. Name and Address of New Registered Agent

Name
GAYLORD ENTERPRISES, INC


Street Address (P.O. Box Number is Not Acceptable)
1057 Cassia St

City
North Port

State
FL

Zip Code
34286

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 **BARRY B GAYLORD President**  DATE **4-3-06**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GAYLORD, BARRY	
STREET ADDRESS	51 EUCLID AVE	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROI THI PHAM	
STREET ADDRESS	1057 Cassia St	
CITY-ST-ZIP	North Port FLA 34286	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY B GAYLORD	
STREET ADDRESS	1057 Cassia St	
CITY-ST-ZIP	North Port FLA 34286	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **BARRY B GAYLORD**  DATE **4-3-06** 941-3457838

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