


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000034014	
1. Entity Name GAYNES FAMILY ENTERPRISES, INC.	

Principal Place of Business C/O STEVEN J ASARCH PA 1900 NW CORPORATE BLVD SUITE 400 EAST BOCA RATON, FL 33431	Mailing Address C/O STEVEN J ASARCH PA 1900 NW CORPORATE BLVD SUITE 400 EAST BOCA RATON, FL 33431
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03302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1008814	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ASARCH, STEVEN J 1900 NW CORPORATE BOULEVARD SUITE 400 EAST BOCA RATON, FL 33431
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE, Registered Agent signature required when reinstating) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD GAYNES, FRIEDA B 1900 NW CORPORATE BLVD SUITE 400 EAST BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUELLER, SUSAN G 11306 ROOSEVELT ROAD SAGINAW, MI 48609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YD FIELD, BARBARA 300 MORaine ROAD HIGHLAND PARK, IL 60035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000435517
04/21/06-80013-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  03-31-2006 561-995-9991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #