FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Tidesale Mil 08 2005

DOCUMENT # P00000050179
1. Entity Name

THE GREAT GATSBY CORPORATION

FILED

05 APR 29 AM 11:53

Ī	DO NOT WRITE	IN THIS SP	ACE	SECI TALL	REIAN . I STATE AHASSEE, FLORIDA			
	ace of Business [efferson Street	3. Mailing Address P. O. Box 138						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Mariánna, Florida		City & State Marianna, Florida			El Number 9-3659417		Applied For Not Applicable	
Zip 32446	Country USA	Zip 32447	Country USA	5. Certificate of Status Desired				
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent Name THOMAS C. WILKINSON Street Address (PO Box Number is Not Acceptable) 2881 Jefferson Street				
			City	Marianna		FL	Zip Code 32446	
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. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Tax filing re (See criteri	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of St			10. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	IRECTORS	 	 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS C. WILKINSON 2881 Jefferson Street		TITLE NAME STREET ADDRESS CITY-ST-ZIP		400054005994 05/06/0501050013 **158.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	sss		TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	PAC	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

April 28, 2005 (850)482-4000