


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P00000116996	
<b>1. Entity Name</b> GAINESVILLE LODGE, INC.	

<b>Principal Place of Business</b> 413 W. UNIVERSITY AVE. GAINESVILLE FL 32601	<b>Mailing Address</b> 413 W. UNIVERSITY AVE. GAINESVILLE FL 32601
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E034 (10/05)

<b>4. FEI Number</b> 59-3690419	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>	
PATEL, JYOTI 413 W. UNIVERSITY AVE. GAINESVILLE FL 32601	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL 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.**

<b>SIGNATURE</b>	<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
	GOVAN, GOPAL	413 W. UNIVERSITY AVE.	GAINESVILLE FL 32601				

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.**

<b>SIGNATURE:</b>	JYOTI PATEL	1-17-6	352-376-1224
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