


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000009373
 1. Entity Name
 GAIL HENLEY, P.A.



Principal Place of Business Mailing Address
 6163 ALPENROSE AVE 6163 ALPENROSE AVE
 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE



07262006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2295385	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HENLEY, GAIL
 6163 ALPENROSE AVE
 JACKSONVILLE, FL 32256

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENLEY, GAIL 6163 ALPENROSE AVE JACKSONVILLE, FL 32256
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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: Gail Henley Date: 7/26/06 Daytime Phone #: 904-838-1830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR