

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000099495 1. Entity Name GAMMEL & ASSOCIATES, INC.	
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Principal Place of Business 1875 OCEAN VILLAGE DRIVE FERNANDINA BEACH, FL 32034	Mailing Address 1875 OCEAN VILLAGE DRIVE FERNANDINA BEACH, FL 32034
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DO NOT WRITE IN THIS SPACE



07242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3761264	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GAMMEL, JAMES DAVID 1875 OCEAN VILLAGE DRIVE FERNANDINA BEACH, FL 32034
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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 J.D. Gammel Ph.D. 7/24/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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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	DR GAMMEL, JAMES DAVID 1875 OCEAN VILLAGE DRIVE FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANZIG, DANI 1875 OCEAN VILLAGE DRIVE FERNANDINA BEACH, FL 32034
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07/26/07-80001-010 150.00

**DO NOT WRITE
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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: J.D. Gammel Ph.D. J.D. GAMMEL Ph.D. 7/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #