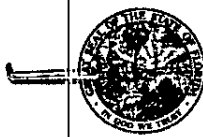


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P01000112434

1. Entity Name  
PROBERT & GANDY ENTERPRISES, INC.



Principal Place of Business  
610 ST PATRICK DR  
TALLAHASSEE, FL 32310

Mailing Address  
610 ST PATRICK DR  
TALLAHASSEE, FL 32310



03242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
05-0562778  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JOHNSON, BARBARA  
373 E JEFFERSON ST  
QUINCY, FL 32351

**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

*Barbara Johnson*

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  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME PROBERT, WILLIAM C  
STREET ADDRESS 610 ST PATRICK DR  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE D  
NAME PROBERT, BETTY G  
STREET ADDRESS 610 ST PATRICK DR  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE D  
NAME GANDY, JAMES A  
STREET ADDRESS 735 MERRY ROBIN RD  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE D  
NAME TAYLOR, JAMES W JR.  
STREET ADDRESS 9414 YASHUNTAFUN RD.  
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000871863  
04/10/08-80016-005 150.00

**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:

*Betty Probert* - BETTY PROBERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-08

Date

Daytime Phone #