
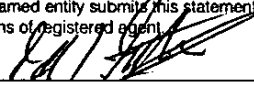
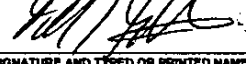


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90031 036 ***150.00

DOCUMENT # P02000023150 1. Entity Name GATTIS & HALLOWES MEDIATION SERVICES, INC.					
Principal Place of Business 130 HILLCREST STREET ORLANDO, FL 32801			Mailing Address 130 HILLCREST STREET ORLANDO, FL 32801		
2. Principal Place of Business 3859 WEKIVA SPRINGS RD.		3. Mailing Address SAME AS NO. 2			
Suite, Apt. #, etc. SUITE 3109		Suite, Apt. #, etc. 			
City & State LONGWOOD FL		City & State 		4. FEI Number 01-0629279	
Zip 32779		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GATTIS, DONALD L JR 130 HILLCREST STREET ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) SAME AS NO. 2 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. SIGNATURE  DATE 1-11-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATTIS, DONALD L JR 130 HILLCREST STREET ORLANDO, FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3859 WEKIVA SPRINGS RD. SUITE 3109 LONGWOOD, FL. 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLOWES, WALTON B 130 HILLCREST STREET ORLANDO, FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	" " " " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 				Date 1-11-05 Daytime Phone # 407 497-8165	