

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90006 025 ***150.00

DOCUMENT # P02000116077
 1. Entity Name
 GAIL MORGAN REAL ESTATE, INC.



Principal Place of Business: 4765 N A1A, VERO BEACH, FL 32963
 Mailing Address: 3000 N A1A, UNIT 2A, NORTH HUTCHINSON ISLAND, FL 34949

94045676



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: 4765 N A1A
 Suite, Apt. #, etc.

04012004 Chg-P CR2E034 (10/03)

City & State: VERO BEACH, FL
 Zip: 32963 Country: USA

4. FEI Number: 03-0490542
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MORGAN, GAIL
 3000 N A1A
 UNIT 2A
 NORTH HUTCHINSON ISLAND, FL 34949

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): 4765 N A1A
 City: VERO BEACH FL Zip Code: 32963

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	MORGAN, GAIL 3000 N A1A, UNIT 2A NORTH HUTCHINSON ISLAND, FL 34949	TITLE: P	MORGAN, GAIL 4765 N A1A VERO BEACH, FL 32963
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____	_____	TITLE: _____	_____
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____	_____	TITLE: _____	_____
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____	_____	TITLE: _____	_____
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____	_____	TITLE: _____	_____
<input type="checkbox"/> Delete		<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: Gail Morgan 4/5/04 772 473 8431
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #