


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000134931	
1. Entity Name GAYLE'S TRANSPORTATION, INC.	

Principal Place of Business 1795 PIERCE DRIVE LAKE WORTH, FL 33460	Mailing Address 1795 PIERCE DRIVE LAKE WORTH, FL 33460
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DO NOT WRITE IN THIS SPACE



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number 05-0547017	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GAYLE, HAZEL 1795 PIERCE DRIVE LAKE WORTH, FL 33460	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000089624 03/15/04-80099-015 158.75
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10. OFFICERS AND DIRECTORS	
TITLE D	NAME GAYLE, HAZEL
STREET ADDRESS 1795 PIERCE DRIVE	CITY-ST-ZIP LAKE WORTH, FL 33460
TITLE D	NAME GRIGGS, MARCIA
STREET ADDRESS 1379 1 COURT RIVE	CITY-ST-ZIP WEST PALM BEACH, FL 33401
TITLE D	NAME GAYLE-EWAN, TAMLA
STREET ADDRESS 1795 PIERCE DRIVE	CITY-ST-ZIP LAKE WORTH, FL 33460
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Hazel Gayle **3/12/04** **521-681-6818**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #