

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2005 8:00 am
Secretary of State

05-31-2005 90006 039 ***150.00

DOCUMENT # P03000008118 1. Entity Name GUMBY'S OF BLOOMINGTON, INC.			
Principal Place of Business 5205 NORTHWEST 39TH AVENUE GAINESVILLE, FL 32606 US		Mailing Address 5205 NORTHWEST 39TH AVENUE GAINESVILLE, FL 32606 US	
2. Principal Place of Business 7731 W. Newberry Rd Suite, Apt. #, etc. Suite A-3 City & State Gainesville FL Zip 32606		3. Mailing Address 7731 W. Newberry Rd Suite, Apt. #, etc. Suite A-3 City & State Gainesville, FL Zip 32606	
Country USA		Country USA	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIPPLER, CHANCELLOR 5205 NORTHWEST 39TH AVENUE GAINESVILLE, FL 32606		7. Name and Address of New Registered Agent Name Hayter, John F Street Address (P.O. Box Number is Not Acceptable) 704 NE 1st Street City Gainesville FL Zip Code 32601	
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 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when releasing)</small>		DATE	
FILE NOW! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S HIPPLER, CHANCELLOR 5205 NORTHWEST 39TH AVENUE GAINESVILLE, FL 32606 <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	D HIPPLER, CHANCELLOR 5205 NORTHWEST 39TH AVENUE GAINESVILLE, FL 32606 <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	VP,T O'BRIEN, JEFF 5205 NORTHWEST 39TH AVENUE GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5-23-05	

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05232005 Chg-P CR2E034 (10/03)