


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AH)

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000062524					
1. Entity Name GAHOONDAFELD INC.					
Principal Place of Business 15275 COLLIER BLVD. #201 NAPLES FL 34119			Mailing Address 15275 COLLIER BLVD. #201 NAPLES FL 34119		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 42-1595984	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAULMAN, KIM 15275 COLLIER BLVD. #201 NAPLES FL 34119			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PCEO	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	PAULMAN, KIM		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	15275 COLLIER BLVD. #201		U00000835065		
CITY-ST-ZIP	NAPLES FL 34119		02/29/08-80020-009 150.00		
TITLE	SD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAULMAN, KIM				
STREET ADDRESS	15275 COLLIER BLVD. #201				
CITY-ST-ZIP	NAPLES FL 34119				
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kim Paulman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-08 239 287 0506

Date

Domestic Phone #