

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # *P03000128938*

1. Entity Name *Scott Gayle Services, Inc.*



FILED

06 MAY -1 PM 4:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Scott Gayle Services, Inc.

3. Mailing Address

235 Ruby Lane

Suite, Apt. #, etc.

NO

Suite, Apt. #, etc.

NO

City & State

Thomasville

City & State

GA

Zip

31792

Country

USA

Zip

Country

4. FEI Number

20-0381598

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Barnes & James, P.A.

Street Address (P.O. Box Number is Not Acceptable)

22629 Blair Stone Road

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

*P Richard S Gayle President
235 Ruby Lane Thomasville GA 31792*

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

**300075024629
05/22/06--01026--025 **150.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard S Gayle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #