


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000030401 1. Entity Name GAYLEE, INC.	
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Principal Place of Business 139 CANAL ST. NEW SMYRNA BCH, FL 32168	Mailing Address 139 CANAL ST. NEW SMYRNA BCH, FL 32168
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2965246	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 GOLDEN, JACK W 139 CANAL ST. NEW SMYRNA BCH, FL 32168

**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 _____ (NOTE, Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	PD GOLDEN, JACK W 3116 SUNDANCE TRAIL NEW SMYRNA BCH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDEN, V. GAYLE 3116 SUNDANCE TRAIL NEW SMYRNA BCH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'NEAL, PELHAM 3112 SUNDANCE TRAIL NEW SMYRNA BCH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'NEAL, SANDRA L 3112 SUNDANCE TRAIL NEW SMYRNA BCH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/11/06-80056-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/06 384 428 5340