

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90022 028 ***150.00

DOCUMENT # P04000030401					
1. Entity Name GAYLEE, INC.					
Principal Place of Business 139 CANAL ST. NEW SMYRNA BCH, FL 32168			Mailing Address 139 CANAL ST. NEW SMYRNA BCH, FL 32168		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3116 SUNDANCE TR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State NEW SMYRNA BCH, FL			
Zip	Country	Zip 32168	Country USA	4. FEI Number 59-2965246	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDEN, JACK W 139 CANAL ST. NEW SMYRNA BCH, FL 32168			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3116 SUNDANCE TR NEW SMYRNA, BCH City FL Zip Code 32168		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDEN, V. GAYLE 3116 SUNDANCE TRAIL NEW SMYRNA BCH, FL 32168	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'NEAL, PELHAM 3112 SUNDANCE TRAIL NEW SMYRNA BCH, FL 32168	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'NEAL, SANDRA L 3112 SUNDANCE TRAIL NEW SMYRNA BCH, FL 32168	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/12/08 386 428 5340 <small>Date Daytime Phone #</small>		