

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90064 025 ***150.00

DOCUMENT # P04000055066

1. Entity Name
STYLES BY GAIL, INC.



Principal Place of Business
5275 BABCOCK STREET NE
PALM BAY, FL 32905 US

Mailing Address
1460 SCHAEFE AVE
#107
PALM BAY, FL 32905 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

257 DORADO AVE., NE

Suite, Apt. #, etc.

City & State

City & State
PALM BAY, FL 32907

Zip

Country

Zip
32907

Country
USA

01082007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-0940277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIATT, MARTHA G
1460 SCHAEFE AVE.
#107
PALM BAY, FL 32905

Name

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

257 DORADO AVE., NE

City

PALM BAY

FL

Zip Code

32907

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 file if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P
HIATT, MARTHA G
STREET ADDRESS
1460 SCHAEFE AVE., #107
CITY-ST-ZIP
PALM BAY, FL 32905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
257 DORADO AVE., NE
PALM BAY, FL 32907 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/07

321-728-4247