2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90059 004 ***150.00

DOCUMENT # P04000165614

1. Entity Name
GAG REFLEX, INCORPORATED

Principal Place of Business	Mailing Address
11349 71ST TERRACE SEMINOLE, FL 33776	11349 71ST TERRACE SEMINOLE, FL 33776

03162005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
11349 71st terr. N	11349 71st terr. N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Seminole, FL	City & State: Seminole, FL
Zip: 33772 Country: USA	Zip: 33772 Country: USA

4. FEI Number 201997198 ☐ 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
MCFADDEN, MICHAEL K 200 CLEARWATER-LARGO SOUTH LARGO, FL 33770	Name: Michael K. McFadden Street Address (P.O. Box Number is Not Acceptable): 200 Clearwater-Largo Rd South City: Largo FL Zip Code: 33770

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 / STREET ADDRESS / CITY-ST-ZIP	D SAHR, KENT A JR 11349 71ST TERRACE SEMINOLE, FL 33776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, VP, T, S, D Sahr, Kent A. Jr. 11349 71st Terrace N Seminole, FL 33772	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kent Sahr 3-28-05 727-481-4346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #