

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P04000168414

1. Entity Name
GESELL DEVELOPMENT, INC.



Principal Place of Business
1590 SAN LUCIE COURT
ST. AUGUSTINE, FL 32080

Mailing Address
1590 SAN LUCIE COURT
ST. AUGUSTINE, FL 32080



04172007 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-2667698
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, ROBERT L II
1200 PLANTATION ISLAND DRIVE SOUTH
SUITE 140
ST. AUGUSTINE, FL 32080

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME EBERSOLD, PAMELLA G
STREET ADDRESS 1590 SAN LUCIE COURT
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE T
NAME EBERSOLD, PAMELLA G
STREET ADDRESS 1590 SAN LUCIE COURT
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Pam Gesell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #