


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90019 026 ***150.00

DOCUMENT # P05000031789	
1. Entity Name GERALD'S AUTOMOTIVE INC.	

Principal Place of Business 122 S EASTSIDE DRIVE LAKELAND, FL 33801 US	Mailing Address 122 S EASTSIDE DRIVE LAKELAND, FL 33801 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 366
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Highland City Florida
Zip	Zip 33846
Country	Country USA

40036051



03122007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2425118	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 WHITE, SIMONE 6334 CHRISTINA GROVES CIRCLE EAST LAKELAND, FL 33813	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 <u><i>Simone White</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>3-13-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD WHITE, GERALD SR 6334 CHRISTINA GROVES CIRCLE EAST LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP STD WHITE, SIMONE 6334 CHRISTINA GROVES CIRCLE EAST LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Simone White</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3-13-07</u> Daytime Phone # <u>863-665-3765</u>